

# *ANNUAL REPORT 2001*



## *SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES*

**Robert J. Gaffney**  
County Executive

**Clare B. Bradley, M.D., M.P.H**  
Commissioner

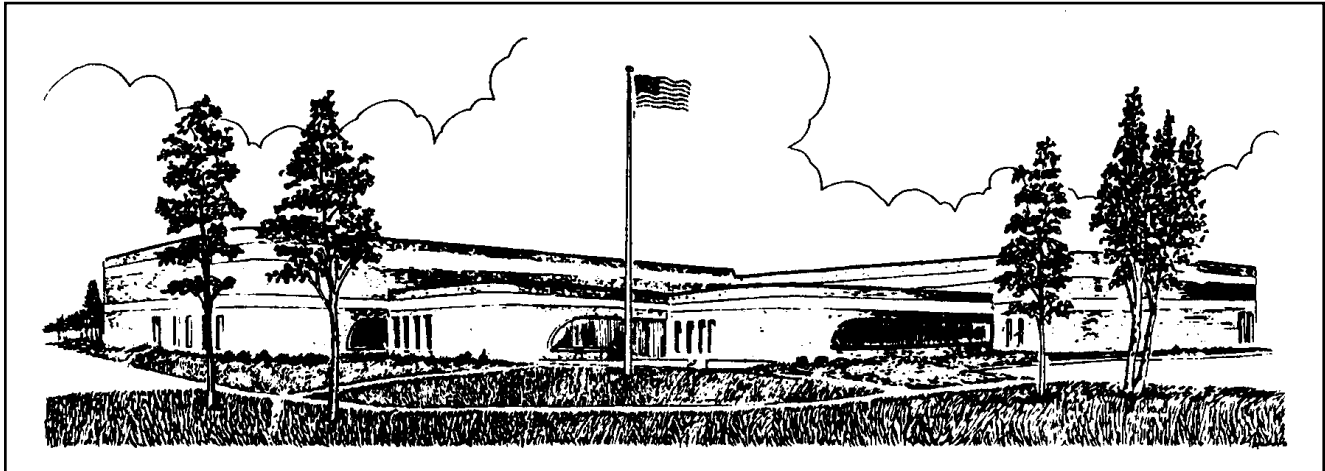
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

ADMINISTRATION OFFICES

225 Rabro Drive East

Hauppauge, New York

11788



HEALTH INFORMATION .....	853-3000
OFFICE OF HEALTH EDUCATION & PUBLIC INFORMATION .....	853-3162
DIVISION OF PATIENT CARE SERVICES .....	853-3013
DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES .....	853-5800
DIVISION OF PUBLIC HEALTH .....	853-3055
DIVISION OF ENVIRONMENTAL QUALITY .....	853-3081
DIVISION OF EMERGENCY MEDICAL SERVICES .....	853-5800
DIVISION OF MEDICAL-LEGAL INVESTIGATIONS & FORENSIC SCIENCES .....	853-5555
JOHN J. FOLEY SKILLED NURSING FACILITY .....	852-4400
BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS .....	853-3130
VENEREAL DISEASE HOTLINE.....	853-3147
AIDS HOTLINE .....	952-2083
PRENATAL CARE ASSISTANCE PROGRAM HELPLINE .....	853-3033



## **ROBERT J. GAFFNEY COUNTY EXECUTIVE'S STATEMENT**

None of us will ever forget the horrific events of September 11<sup>th</sup>. The terrorist attacks upon our nation have changed our lives forever. Following the tragedy, however, a sense of unity, a spirit of cooperation and a new strength has evolved. During 2001, the Suffolk County Department of Health Services has demonstrated the unity, cooperation and strength needed to go forward.

The Department of Health Services has worked diligently in cooperation with the Suffolk County Department of Fire, Rescue and Emergency Services, the Suffolk County Police Department, and other law enforcement agencies, as well as local hospitals and health care providers, and neighboring counties on biological and chemical terrorism preparedness and planning, to protect our residents from any future terrorist attacks. This cooperative spirit is embodied by all divisions of the Department of Health Services as they work to protect the public health of the residents of Suffolk County and our environment.

The Division of Patient Care Services works together with the Department of Social Services to provide physicals and health assessments to children placed in foster care. These two agencies also work together in regard to employability of individuals receiving public assistance. The Division of Mental Hygiene assists in the process and also works closely with the court system as part of its drug court programs.

The Office of the Medical Examiner works cooperatively with the District Attorney's Office, and local police agencies providing DNA testing and urine testing for possible DWIs. Medical Examiner staff also assists the Probation Department by performing urine testing of individuals serving probation.

The cooperative spirit is also exhibited by staff of the Division of Environmental Quality who work closely with builders, the New York State Department of Environmental Conservation and the Federal Environmental Protection Agency, in order to carry out their mission.

Out of tragedy came unity. I am confident that the Department of Health Services will sustain the renewed unity, strength and cooperative spirit that has surfaced as it continues to face new challenges in the years ahead.

A handwritten signature in cursive script that reads "Robert J. Gaffney".

## **CLARE B. BRADLEY, M.D., M.P.H.**

### **COMMISSIONER'S MESSAGE**

Public health has been defined as the science and practice of protecting and improving the health of a community, through preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring environmental hazards. Essential services are key to the protection of public health. We must monitor community health status to identify problems, and diagnose and investigate health problems and health hazards in the community. Education is also an important component of a public health system. We must inform, educate and empower people about health issues, and mobilize community partnerships to identify and solve health problems.



The public health system also must link people to needed health services and assure the provision of care when none is available. Public health programs must be evaluated to assess their effectiveness and to provide information necessary for allocating resources, re-shaping programs and finding innovative solutions to health problems.

The public health system has faced many challenges in the past, including outbreaks of influenza, Legionnaire's disease, HIV and West Nile virus. The terrorist attacks of September 11, 2001 brought forth new and uncharted challenges.

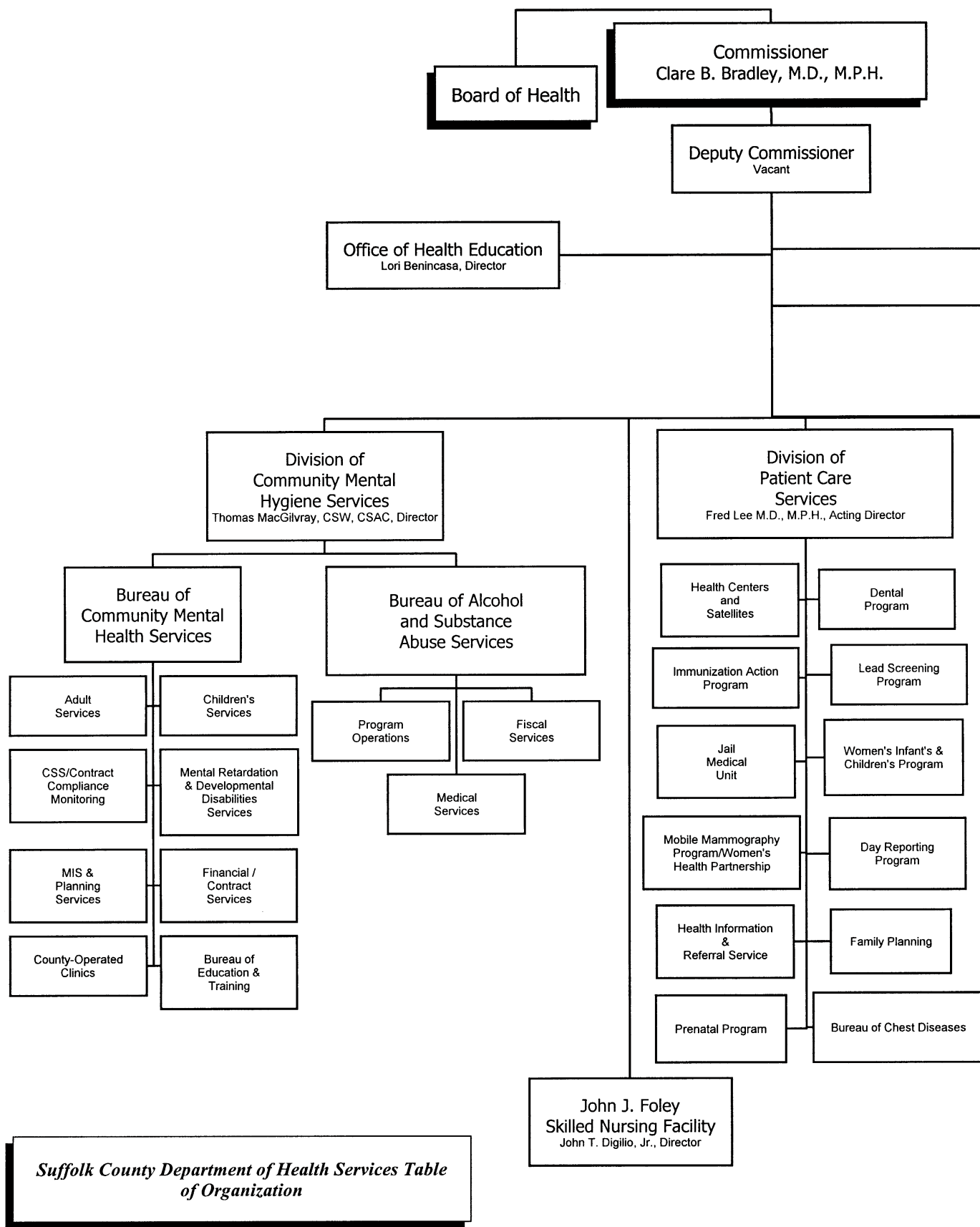
An unfortunate reality is that Suffolk County has experienced several catastrophic disasters in recent years. Our experiences with plane crashes and other critical emergencies, though, have resulted in a level of readiness to respond that we believe to be unparalleled. Our County's response to the World Trade Center disaster was no exception.

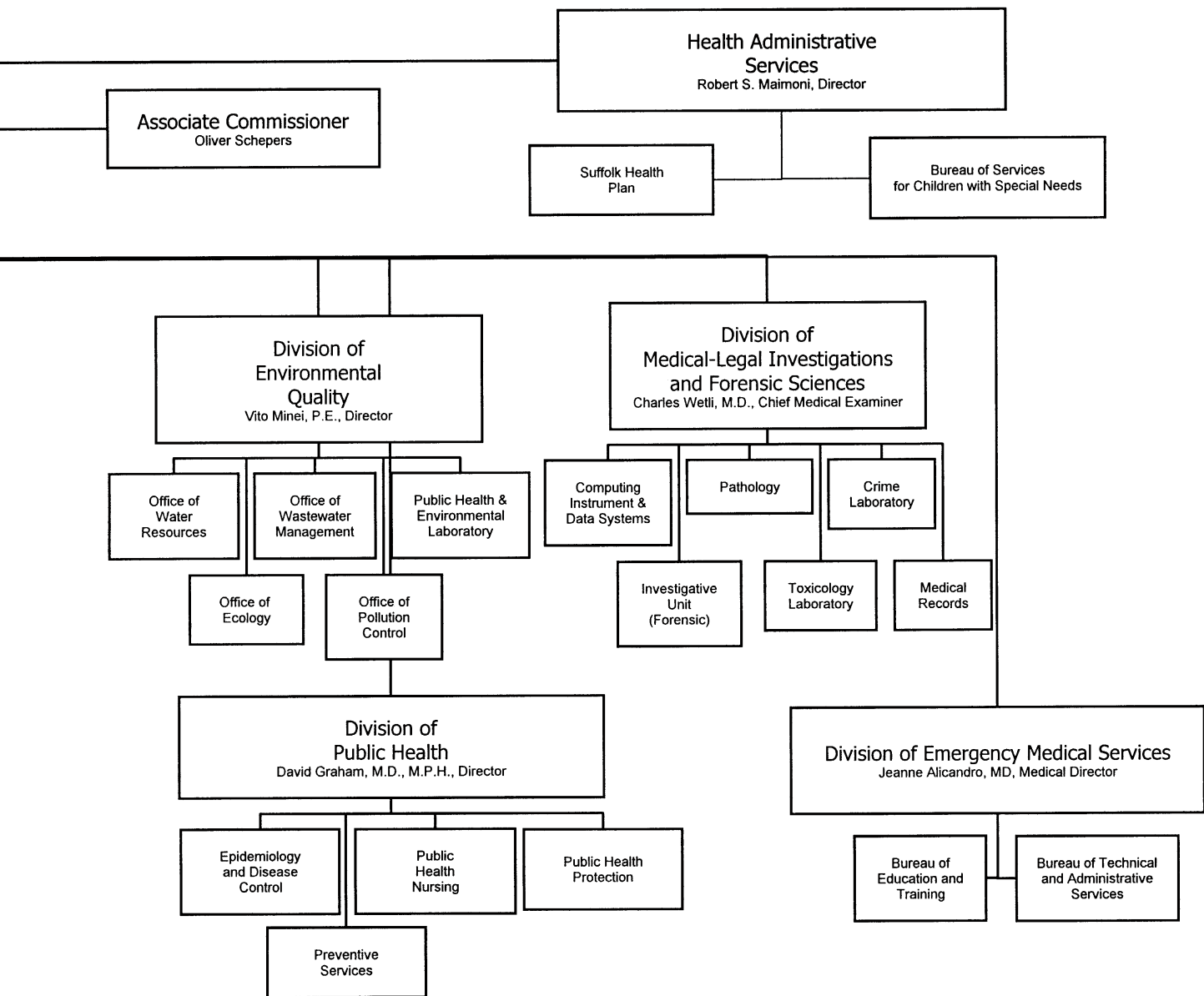
The Department of Health Services' Divisions of Public Health, Emergency Medical Services and Community Mental Hygiene, in cooperation with the Police Department and the Department of Fire, Rescue and Emergency Services, worked extensively on biological and chemical terrorist preparedness and response activities following the terrorist attacks. In addition to preparing for a possible large scale terrorist attack, the Public Health Division responded to numerous anthrax threats, providing medical consultation to police and other responders.

In response to the potential use of bioterrorist agents against our citizens, Suffolk County has joined the Federal and State governments in its commitment to upgrading preparedness, readiness, and defenses against bio-terrorist attacks. As with emerging infectious disease, early detection and control of biological and chemical attacks depends on a strong and flexible public health system at all levels of government.

As a result of the events of September 11<sup>th</sup>, we have learned a great deal. One important lesson is that the public health system must be strengthened and maintained. The Department of Health Services will continue to do so, providing the essential public health services to protect the residents of Suffolk County and the environment in which they live.

*Clare B Bradley MD MPH*





# LOCATIONS OF HEALTH SERVICES' FACILITIES

## HEALTH ADMINISTRATION

225 Rabro Drive East  
Hauppauge, N.Y. 11788

## PATIENT CARE SERVICES

### NURSING OFFICES

Islip Nursing Office  
5 Shore Lane  
Bay Shore, N.Y. 11706  
854-0435

Bay Shore Nursing Office  
5 Shore Lane  
Bay Shore, N.Y. 11706  
854-0437

North Brookhaven Nursing Office  
3600 Route 112  
Coram, N.Y. 11727  
854-2209

South Brookhaven Nursing Office  
3600 Route 112  
Coram, N.Y. 11727  
854-2195

Long Term Home Health Care  
Unit/AIDS Home Care Program  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1581

Riverhead Nursing Office  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1591

Wyandanch Nursing Office  
887 Kellum Street  
Lindenhurst, N.Y. 11757  
854-4031

### HEALTH CENTERS

Bay Shore Family Health Center  
1700 Union Boulevard  
Bay Shore, N.Y. 11706  
854-0500

Brentwood Family Health Center  
1869 Brentwood Road  
Brentwood, N.Y. 11717  
853-3400

The Elsie Owens  
North Brookhaven County  
Health Center at Coram  
3600 Route 112  
Coram, N.Y. 11727  
854-2301

Martin Luther King, Jr.  
Community Health Center  
1556 Straight Path  
Wyandanch, N.Y. 11798  
854-1700

Riverhead Health Center  
300 Center Drive  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1800

South Brookhaven Family  
Health Center East  
550 Montauk Highway  
Shirley, N.Y. 11967  
852-1000

South Brookhaven Family  
Health Center West  
365 East Main Street  
Patchogue, N.Y. 11772  
854-1200

Tri-Community Health Center  
1080 Sunrise Highway  
Amityville, N.Y. 11701  
854-1000

Dolan Family Health Center  
284 Pulaski Road  
Greenlawn, N.Y. 11746  
425-5250

## PUBLIC HEALTH SERVICES

### PUBLIC HEALTH PROTECTION

Western District Office  
Food, General Sanitation  
and Radiation Health  
North County Complex, Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6974 (Food) 853-6975 (Gen. San.)  
853-8541 (Radiation Health)

Eastern District Office  
Food and General Sanitation  
Riverhead County Center  
Riverhead, N.Y. 11901  
852-2067 (Food) 852-2069 (Gen. San.)

### Satellite Clinics

618 Main Rd. Amagansett 267-6987	201 Manor Pl. Greenport 852-8622
45 West Suffolk Ave. Central Islip 853-2710	Meeting House Lane Southampton 852-8852

## JOHN J. FOLEY SKILLED NURSING FACILITY

14 Glover Road  
Yaphank, N.Y. 11980  
852-4400

## ENVIRONMENTAL QUALITY

Office of Ecology  
County Center  
Riverhead, N.Y. 11901  
852-2077

Pollution Control  
15 Horseblock Place  
Farmingville, N.Y. 11738  
854-2502

Public & Environmental Health Laboratory  
North County Complex, Building #487  
Veterans Memorial Highway  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-5528

Wastewater Management  
County Center  
Riverhead, N.Y. 11901  
852-2100

Water Resources  
220 Rabro Drive East  
Hauppauge, N.Y. 11788  
853-2250

## MEDICAL-LEGAL INVESTIGATIONS AND FORENSIC SCIENCES

Sidney B. Weinberg Center for Forensic Sciences  
North County Complex, Building #487  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11787-4311  
853-5555

## EMERGENCY MEDICAL SERVICES

H. Lee Dennison Building  
First Floor  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-5800

## MENTAL HEALTH SERVICES

Brentwood Mental  
Health Center  
(Clinic, Court Consultation  
Unit, C&Y ICM,  
C&Y ACT Team)  
1841 Brentwood Road  
Brentwood, N.Y. 11717  
853-7300

Assisted Outpatient  
Treatment Program  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6205

Camera Unit  
Case Management Evaluation  
Referral Assessment  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-2995

Correctional Facility  
Riverhead, N.Y. 11901  
852-1852

Farmingville Mental  
Health Center  
15 Horseblock Place  
Farmingville, N.Y. 11738  
854-2552

Riverhead Mental  
Health Center  
County Center  
Riverhead, N.Y. 11901  
852-1440

Suffolk County Bureau of  
Training/Education  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-2953

Wellness Project  
Brentwood Mental  
Health Center  
1841 Brentwood Road  
Brentwood, N.Y. 11717  
853-7300

## ALCOHOL AND SUBSTANCE ABUSE SERVICES

Huntington MMTP Clinic  
689 Jericho Turnpike  
Huntington Station, N.Y. 11746  
854-4400

Babylon MMTP Clinic  
1121 Deer Park Avenue  
North Babylon, N.Y. 11703  
854-1919

North County Complex MMTP Clinic  
North County Complex, Building #151  
Veterans Memorial Highway  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6410

Administration  
North County Complex, Building #928  
Veterans Memorial Highway  
P.O. Box 6100  
Hauppauge, N.Y. 11787  
853-8500

Hauppauge Screening and Detoxification  
1330 Motor Parkway  
Hauppauge, N.Y. 11788  
853-7373

Referral and Monitoring Unit  
15 Horseblock Road  
Farmingville, N.Y. 11738  
854-2571

Outpatient Alcohol & Substance Abuse Center  
North County Complex, Building #16  
Veterans Memorial Highway  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6281

East End Clinic  
300 Center Drive  
Riverhead, N.Y. 11901  
852-2680

Riverhead Correctional Facility  
100 Center Drive  
Riverhead, N.Y. 11901  
852-1618

Prevention, Education and Training  
North County Complex, Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
(631) 853-8535



# **SUFFOLK COUNTY BOARD OF HEALTH**

## **MEMBERS**

**Clare B. Bradley, M.D., M.P.H., Chair**

**Honorable Vincent Bove**

**Theodore Jospe**

**Honorable Ginny Fields**

**Melvin Fritz, D.O., M.D.**

**Joseph Loidice, M.D., M.P.H.**

**Daniel McGowan**

During the year, two members of the Board resigned due to other commitments. Mr. Joseph Turner submitted his resignation in February of 2001 and Dr. Bryce Breitenstein submitted his resignation in August of 2001. Before the year ended, the Suffolk County Legislature appointed Mr. Daniel McGowan to the seat vacated by Mr. Turner.

The Board convened six meetings during the year. Following a public hearing in January, the Board enacted a substantially revised Article 11 of the Suffolk County Sanitary Code at its February meeting. The new Article 11 requires that all retail outlets that sell tobacco must attend a Department of Health Services seminar that explains the various laws regulating tobacco sales and emphasizes the need to prevent tobacco sales to minors.

During the rest of the year, The Board examined in detail three items of public health concern. First it heard several presentations addressing the issue of touring and fixed animal expositions whereby the general public is permitted to handle wild and exotic animals. This issue was brought to the Board because of an incident at a petting zoo in Tioga County, New York whereby several scores of people were exposed to a rabid animal. The Board asked Department staff to present a Sanitary Code amendment that would provide for public protection from potentially harmful exposure at events of this nature. Second, the Board examined the problem of communicable infections arising from the operation of nail and manicure salons. It was determined that this matter was best addressed through an information campaign aimed at the operators of such establishments.

The third item of concern arose in response to several studies analyzing the increase in skin cancer. As a result of these studies the Board began an extensive examination of tanning salons. This included a review of current federal and state regulations as well as a survey of regulations in place in other jurisdictions throughout the country. Department staff was asked to visit several tanning salons operating in the County to determine the extent of compliance with current regulations and guidelines. The Board's deliberations on this matter extend into the 2002 calendar year.

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

<b>COMMUNITY HEALTH CENTERS AND SATELLITE CLINICS</b>	<u>2000</u>	<u>2001</u>
Brentwood Health Center *	41,913	34,588
Tri Community Health Center *	29,513	31,716
Martin Luther King Jr. Health Center *	30,286	31,305
Riverhead Health Center *	19,330	10,285
Southampton Satellite *	8,285	9,045
South Brookhaven West Health Center *	40,177	31,074
South Brookhaven East Health Center *	42,491	31,247
North Brookhaven Health Center *	28,869	30,396
Bay Shore Health Center *	17,929	13,778
Central Islip Satellite *	10,085	7,750
Dolan Family Health Center *	23,597	24,204
Prenatal Clinics (Total Deliveries)	2,605	2,610
Prenatal Clinics (Visits)	31,508	33,000
Dental Clinics (Jail, Children's & Ryan White Program)	8,126	5,444
Family Planning Clinics	22,023	23,606
Mammography Van	5,153	4,200
Lead Screenings	18,431	17,710
WIC Certifications	24,408	24,225 **
WIC Participants (# checks)	160,248	181,893 **
Immunizations (IAP)	36,800	40,500
H.E.L.P. Suffolk	2,212	0
BOCES-School Based	1,834	2,167
Tuberculosis Visits (Infection & Disease)	11,236	10,601
Day Reporting Program	490	420
<b>COMMUNITY MENTAL HEALTH CENTERS &amp; CLINICS</b>		
Directly Operated Outpatient Clinics		
Brentwood Mental Health Unit	8,957	9,881
Farmingville Mental Health Unit	6,088	6,148
Riverhead Mental Health Unit	4,975	6,317
Riverhead Jail Mental Health Unit	8,342	9,432
Contracted Mental Health Clinics - Outpatient visits	120,119	120,882
Workshop/Vocational/Day Training - Client Days	83,415	72,338
<b>PUBLIC HEALTH SERVICES</b>		
Influenza Immunizations	4,222	8,003
Pneumococcal Immunizations	325	491
Measle, Mumps, Rubella Immunizations	1,634	1,784
Communicable Disease Investigation	2,321	3,284
Nursing Patient Visits		
Nursing	24,413	21,775
Home Health Aide	16,532	14,292
Physical Therapy	760	603
Medical Social Work	456	449
Nutrition	6	3
Occupational Therapy	36	1
Speech Therapy	11	0

\* Primary Visits only.

\*\* Estimate

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

## PUBLIC HEALTH SERVICES continued

Anthropod-Borne Disease Surveillance	<u>2000</u>	<u>2001</u>
Mosquito Pools Tested . . . . .	2,458 . . . . .	1,137
Birds Tested . . . . .	814 . . . . .	376
Public Health Protection Visits		
Housing and General Sanitation . . . . .	6,218 . . . . .	5,781
Food Control . . . . .	11,197 . . . . .	12,434
X-Ray Inspection . . . . .	551 . . . . .	452
Animal Bite Investigations . . . . .	1,131 . . . . .	1,174
Temporary Residences . . . . .	842 . . . . .	2,603

## ENVIRONMENTAL QUALITY

Drinking Water Quality Samples . . . . .	12,521 . . . . .	10,303
Groundwater Resources Water Levels . . . . .	3,141 . . . . .	3,344
Marine Monitoring Visits . . . . .	532 . . . . .	485
Waste Water Management Inspections . . . . .	12,115 . . . . .	11,585
Public & Environmental Health Laboratory		
Potable Water		
Inorganics . . . . .	6,494 . . . . .	6,661
Carbamate Pesticides . . . . .	2,989 . . . . .	3,004
Volatile Organics Compounds . . . . .	5,293 . . . . .	5,434
Microextractables . . . . .	5,119 . . . . .	4,924
Dacthal (herbicide) . . . . .	2,685 . . . . .	2,903
Chlorinated Pesticides . . . . .	5,120 . . . . .	4,919
Industrial & Hazardous Waste		
Volatile Organics Compounds . . . . .	1,198 . . . . .	913
Inorganics . . . . .	1,065 . . . . .	902
Search Warrant Investigations . . . . .	6 . . . . .	6
Hazardous Waste Emergency Call-outs . . . . .	9 . . . . .	5
Air Quality		
Volatile Organics Compounds . . . . .	571 . . . . .	519
Field Investigations . . . . .	93 . . . . .	51
Continuous Air Monitoring . . . . .	55,045 . . . . .	47,048
Non-Potable Water		
Fresh Waters (Surface) . . . . .	196 . . . . .	430
Sewage . . . . .	1,276 . . . . .	1,300
Marine Waters . . . . .	3,987 . . . . .	4,162

## EMERGENCY MEDICAL SERVICES

Emergency Medical Technicians Certified		
or Recertified . . . . .	529 . . . . .	621
EMT-CC's (Critical Care) Certified or Recertified . . . . .	98 . . . . .	57
Certified First Responders New/Recertified . . . . .	36 . . . . .	20
Persons Receiving Other Specialized Emergency		
Care Training . . . . .	1,688 . . . . .	1,860
Medical Control Interventions . . . . .	12,494 . . . . .	14,008
Total Requests for EMS Response . . . . .	103,139 . . . . .	104,474

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

	<u>2000</u>	<u>2001</u>
<b>MEDICAL LEGAL INVESTIGATIONS AND FORENSIC SCIENCES</b>		
Medical Investigations		
Number of Deaths Investigated . . . . .	4,500	4,454
Autopsies . . . . .	891	839
External Examinations . . . . .	214	160
Cremation Approvals . . . . .	1,874	1,912
General Toxicology Services		
Test Units . . . . .	101,826	102,361
DWI/DUID Laboratory Services . . . . .	556	375
Drug Abuse Laboratory Services		
Methadone . . . . .	42,747	43,380
Probation . . . . .	26,963	28,304
Crime Laboratory Services		
Samples Submitted . . . . .	44,798	48,158
Crime Scenes Processed . . . . .	86	114
<b>ALCOHOL AND SUBSTANCE ABUSE TREATMENT CLINICS</b>		
Directly Operated Outpatient Clinics		
Drug Court . . . . .	2,939	3,279
Family Drug Court . . . . .	239	390
Drug-Free Outpatient Clinic . . . . .	1,174	833
Day Reporting Alcohol/Substance Abuse . . . . .	8,445	8,670
Riverhead Jail . . . . .	5,891	5,587
Methadone Clinics * . . . . .	315,167	319,714
Contract Agencies		
Alcohol Outpatient . . . . .	68,055	71,416
Alcohol Residential (bed days) . . . . .	6,343	6,598
Alcohol Crisis (bed days) . . . . .	11,191	11,591
Substance Abuse Outpatient . . . . .	51,572	52,768
<b>D.H.S./D.S.S. EMPLOYABILITY PROJECT</b>		
Number of referrals made to the Employability Project . . . . .	4,384	4,163
Number of assessments . . . . .	2,967	2,969
Number of individuals referred to treatment . . . . .	2,211	2,164
Number of case clients monitored . . . . .	1,850	2,164
Number of individuals reaching employability . . . . .	1,273	1,425
<b>BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS</b>		
Children Receiving Services (EI & Preschool) . . . . .	12,188	12,309
Children With Special Health Care Needs . . . . .	1,030	582

\* 5 sites in 2000, 6 sites in 2001.

# DIVISIONAL HIGHLIGHTS

## DIVISION OF PUBLIC HEALTH

The terrorist attacks of September 11th and the subsequent use of anthrax as a weapon of biological terrorism created public panic and highlighted the urgent need to strengthen the national public health infrastructure to deal with any future terrorist events. The Division of Public Health quickly mobilized and provided local support including training, education, surveillance and response to over 150 hoax incidences and voluminous calls that poured in from the concerned public.

In-service trainings were provided for public health sanitarians and public health nurses to educate staff about various biological agents and to define their roles in response activities. Educational packets, targeting different groups (physicians, educators, the public) were developed and distributed on the symptoms and treatment of biological/chemical agents. Broadcast fax groups were created to facilitate efficient communication with hospital emergency departments, infection control practitioners, medical directors and other key players in surveillance and response. Surveillance activities were also expanded to a daily active surveillance program of respiratory, unusual syndrome or clusters of symptoms of patients presenting at all local hospital emergency departments and local school districts. In addition to training and other planning measures, the Public Health Division responded to numerous anthrax threats, providing on-site medical consultation to police and other responders and information to the individuals on the scene.

For the third consecutive year, the presence of West Nile virus was confirmed in Suffolk County, and staff resources were expended for yet another season. Extensive human, bird, horse and mosquito surveillance programs were again instituted in 2001. For the first time since West Nile virus was discovered in the New York metropolitan region (1999), a Suffolk County resident was confirmed with the West Nile virus disease in 2001. The case was a 49 year-old woman from Nesconset who made a full recovery.

There were a total of 14 human cases in the rest of New York State.

The West Nile Virus hotline was operational with the assistance of seasonal employees from June through September, corresponding with mosquito activity. In 2001, a contract with a temporary agency provided coverage for the hotline in September, when summer help returned to school. Utilizing seasonal help minimized overtime costs. The hotline received over 5,000 calls regarding dead or ill bird sighting. A total of 257 birds, mostly crows, tested positive for presence of the virus, which represented 35% of all the positive birds in New York State. Sixty-eight (68) mosquito pools tested positive for West Nile virus, representing 21% of all positive mosquito pools in the state. In addition, West Nile virus infected 17 horses in the area, killing 6, a 35% case-fatality rate. To address the increased need for West Nile virus education, the Division utilized a part-time, bilingual Health Information Specialist to provide presentations to community groups and schools. The Health Information Specialist was also instrumental in the Spanish translation of the West Nile virus fact sheet. To supplement these outreach activities, the Department's Internet site was utilized to assist in the dissemination of West Nile virus educational materials.

In 2001, the Bureau of Epidemiology and Disease Control investigated, processed and reported 1,572 confirmed cases of reportable disease to the New York State Department of Health, excluding sexually transmitted diseases, which are handled by the STD/HIV Control Unit. In addition to routine disease surveillance activities and the expanded 7-day per week Emergency Department surveillance, Bureau staff successfully completed its yearly vaccination campaigns. The program which provided free Measles-Mumps-Rubella (MMR) vaccine to persons attending college or entering elementary schools continued with 1,784 students immunized in 2001. In 2001, for the second consecutive year,

serious production and distribution delays of influenza vaccine were experienced throughout the country. Late deliveries caused the postponement and rescheduling of clinics, requiring additional staff time in planning and promoting these clinics. The delays were accompanied by considerable price increases in the cost of the influenza vaccine. Despite these difficulties, a total of 8,003 influenza immunizations were administered, a 90% increase over 2000. Staff also administered 492 pneumococcal immunizations, a 34% increase over 2000.

Lyme disease continues to be a major health problem in Suffolk County. This is especially true on the East End, in Brookhaven Town and on Fire Island. During 2001, 417 cases of Lyme disease were reported. During 2001, the Lyme disease educator conducted 356 school-based and community presentations to over 9,000 students and teachers, 11 community presentations to 200 residents and 7 camp presentations to over 200 campers and staff members. In addition, the educator presented information at medical facilities, community agencies and health fairs in Suffolk County. The Division of Public Health distributes thousands of the Division's updated Lyme disease pamphlets through community libraries, civic groups, schools and on request from the public or physicians.

As of December 31, 2000, 3,339 cumulative CDC-defined AIDS cases were reported in Suffolk County since the identification of the syndrome. Of these, 75% were males, 31% African-Americans and 15% Hispanic. Eighty-six percent (86%) were between 20 and 49 years of age. Among the adult AIDS patients in the County, 40% were injecting drug abusers compared with 25% nationally, and 10% acquired AIDS through heterosexual contact, similar to the United States statistic of 11%. Over 95% of the 63 pediatric AIDS cases were born to HIV infected mothers. The County implemented the New York State's HIV Reporting and Partner Notification Laws on June 1, 2000. In conjunction with the State Health Department, the County continues to offer confidential and anonymous blood testing and counseling programs. Any individual who feels that he/she may have been exposed to HIV can be tested.

The STD-HIV/AIDS Unit in the Division of Public Health is responsible for the reporting,

investigation and control of sexually communicable diseases and HIV/AIDS. During 2001, 432 cases of gonorrhea were investigated. Of these, 210 were interviewed and 185 contacts were identified. In addition, 30 cases of syphilis were identified. Of these, 16 were interviewed; 11 contacts identified, of which 11 were examined and treated. Two thousand and one (2001) was the first full year that Chlamydia was reportable in New York State. In 2001, 1,210 cases were reported, 685 Chlamydia interviews were conducted and 493 contacts were identified. All contacts located are counseled and referred for testing and treatment at a County funded facility.

Personnel from the Bureaus of Epidemiology and Disease Control and Public Health Protection staff the Rabies Prevention Program. In 2001, this program handled over 1,000 telephone calls and written reports of human contact with animals. Of the 1,010 reported animal bites, 1,174 visits were required to verify the animal's immunization records or to monitor confinement of the animal when warranted. These investigations resulted in 153 animal specimens being submitted to Albany for rabies testing. This number represents a substantial increase over 2000. The increase is attributed to a cyclical outbreak of distemper in the raccoon population. Working in conjunction with the Suffolk County Police Department, suspect raccoons were identified, captured and tested. In 2001, forty-nine (49) raccoons were tested for rabies while in 2000 only 8 were tested. All tested negative for rabies. Of the 153 animals submitted, 42 were bats, of which 4 were found to be positive for rabies. Post-exposure prophylaxis was provided to 12 individuals exposed to possibly rabid animals. There were no instances in which rabies was transmitted from animals to humans in 2001.

The Bureau of Arthropod Borne Disease conducted an arbovirus surveillance program for Eastern Equine encephalitis (EEE) virus or West Nile virus (WNV) from June 4th through October 4th 2001. Weekly mosquito trapping was conducted in every town. In total, 115,953 female mosquitoes and 4,849 male mosquitoes were identified, representing 29 different species. A total of 1,137 mosquito pools were sent to NYSDOH laboratory for arbovirus testing. There were 68 positive pools for West Nile virus (Huntington 9, Babylon 8, Smithtown 21, Islip 3, Brookhaven 26, Riverhead 1) and no positive



mosquito pools for Eastern Equine encephalitis virus.

In addition to mosquitoes, birds were collected and shipped to DEC's wildlife pathology laboratory for West Nile virus testing. In 2001, there were 257 birds from the five western towns (Huntington 38; Babylon 10; Smithtown 42; Islip 56; Brookhaven 111) that tested positive for West Nile virus.

From May 1st to October 12th, mosquitoes were collected at 25 NJ-trap sites to indicate current mosquito population levels. Total collections yielded the identification of 72,604 female mosquitoes, which represented 28 different species and 28,155 male mosquitoes. Because these mosquito specimens are killed during collection, they cannot be tested for the presence of arboviruses (i.e. Eastern Equine encephalitis virus or West Nile virus).

The Bureau of Public Health Protection is comprised of the Food Control, General Sanitation, Temporary Residence, Radiation Control, Training and Plan Review and Enforcement Units.

The Food Control Unit's staff conducts inspections of facilities to protect the public from food borne disease and health nuisances. The Section responded to 1,005 consumer complaints. Two hundred sixty-two food borne illness complaints involving 500 persons were investigated. Three thousand two hundred fifty-four Suffolk County Food Manager's Certificates were issued to food service operators. More than 39,000 pounds of unwholesome food were embargoed, 611 formal administrative hearings were held, and 32 non-compliant food establishments were temporarily closed. Thirty-one tattoo parlors were placed under permit in accordance with Article 14 of the Suffolk County Sanitary Code.

The Temporary Residence Unit is charged with regulating four categories of residential properties: the traveling public, children's camps (educational and recreational summer camps), migrant farmworker housing (housing for minimum wage, itinerant agricultural workers) and mobile home parks. The primary responsibility of the Unit is the reduction in number and severity of preventable injuries and illnesses at these facilities. The major focus of these programs had been the elimination of structural or physical hazards. Increased

emphasis is now being placed on the development and implementation of safety plans. Through staff training and awareness, plans are designed to reduce the number of injuries / illnesses and achieve appropriate timely response for occurrences. This is especially true for the temporary residence and children's camp programs. Written safety plans developed by the operators must then be submitted to this Office for review and approval to determine compliance with guidelines provided by the New York State Department of Health.

In 2001, the Temporary Residence Unit placed 532 facilities under permit. These included: 311 hotels and motels (135 provide bathing facilities), 21 campsites and/or travel vehicle parks, 128 children's camps (108 provide bathing facilities), 29 migrant farmworker housing facilities and 43 mobile home parks. More than 1,000 routine and complaint-based field visits were conducted. Enforcement efforts resulted in 55 preliminary hearings and 35 formal administrative hearings. In 2001, field visits for these programs fell well below the annual average due to unanticipated staff absences and diversions of remaining staff to West Nile virus complaint response.

The General Sanitation Unit is charged with enforcing several provisions of the New York State and Suffolk County Sanitary Codes, as well as selected portions of the New York State Public Health Law. Largely on a complaint basis, the Unit responds to public concerns in the areas of rodent control and nuisance abatement. Nuisances include such things as inadequate heat, discontinuance of electricity or water, improper storage of garbage or animal wastes and sewage overflows. In 2001, the Unit responded to 1,016 rodent complaints by conducting nearly 1,275 field visits and 2,769 nuisance complaints by conducting 4,411 field visits. Enforcement efforts resulted in 47 formal administrative hearings. The increase in the number of nuisance complaints may be largely attributed to public concern over West Nile virus. In order to respond to this perceived public health threat, staff were shifted to the program during regular business hours and staff worked overtime to provide timely responses.

This Unit also inspects childcare facilities and animal shelters. Childcare facilities are inspected at the request of the operator in response to requirements by the Office of Children and Family Services. In 2001, one hundred and eight such

requests were received requiring 78 field visits. Five animal shelters are regulated pursuant to Chapter 216 of Laws of Suffolk County.

The Radiation Control Unit is responsible for protecting the public from unnecessary and unhealthful exposure to radiation, investigating incidents involving reportable exposures to individuals and releases of radioactive materials. Presently there are 1,557 facilities operating a total of 3,440 x-ray machines within the County which are inspected on a regular schedule to

determine compliance with County, State and Federal regulations. During 2001, 452 facilities containing 968 x-ray machines were inspected. A total of 129 facilities were found to have deficiencies, necessitating 63 re-inspections and 24 formal administrative hearings to bring them into compliance.

The Enforcement Unit is responsible for the administrative adjudication process for all field units in the Bureau. This resulted in 912 formal hearings being held.

## DIVISION OF PATIENT CARE SERVICES

There are nine Suffolk County health centers and four satellite centers in the Division of Patient Care Services' network. Comprehensive primary care services are provided for patients of all ages. In 2001, 75,850 of the County's most vulnerable residents made 307,024 visits to the health centers. Five percent of the patient visits were paid by Medicare, 23% participated in a private insurance plan (including Suffolk Health Plan), Medicaid reimbursement accounted for 32% of revenue, and 42% of revenue came from the self-pay patient. Most of these patients do not have access to regular preventive care anywhere else.

In 2001, the health centers performed 1,200 physical assessments for the Department of Social Services' Employability Assessment Project. This program utilizes medical evaluation services of the health centers to evaluate disability claims of Public Assistance applicants/recipients and determines the capability of employment that each applicant possesses.

During 2001, five health centers went on-line with the Health Center Information System (HCIS). HCIS is a computerization system that allows for electronic scheduling and billing. It improves network communication and enhances revenue collection.

In 2001, 3,481 women enrolled in the Department's Prenatal Program either under the State and Federally funded Prenatal Care Assistance Program (PCAP), Medicaid or third party insurance. Forty-eight percent of these women entered care in the first trimester, 39% in

the second and 13% in the third. There were a total of 33,274 visits made and 2,820 deliveries.

One hundred seventy-six or 5% of the women who enrolled were assessed as needing high-risk care and were transferred to area tertiary care centers. The Prenatal Program's low birth weight rate was approximately 5.2 which continues to compare favorably with overall Suffolk County rates and rates throughout New York State. All prenatal patients are counseled regarding HIV/AIDS prevention and approximately 98.6% chose to be tested. There was one new case of HIV identified through the Prenatal Program.

Project Hope, (Healthy Outcome Pregnancy Evaluation) among its other programs, runs Mothers' Groups for a six week period, to prepare women to better care for their babies. In 2001, over 125 women completed at least three of the six sessions offered at one of the Prenatal Program sites. The program was also offered at a high school that is concerned about the number of pregnant students that are in the district. These groups allow pregnant and newly parenting women a social as well as educational forum and it is available in both English and Spanish.

The Suffolk County Department of Health Services participated in a New York State grant funded Infant Mortality Program from 1990 through October 2000. The goal of the grant was to identify infant deaths across the County and to recognize the differences in rates between races. In 2001, the Department of Health Services decided to continue the review and analysis. In



2001, there was a two to one disparity between African-American and white infant deaths. In 2001, there were 76 infant deaths to women throughout Suffolk County, with an approximate rate of 4 infant deaths per 1,000 births. In 2001, the black infant death rate was approximately 11.7 per 1,000 live births and the white rate was approximately 2.7 per 1,000 live births. The Hispanic rate was approximately 2.9 per 1,000 births. The majority of infants die within the first 28 days of life as a result of pre-term delivery.

Suffolk County has established a number of preventive programs to address the infant mortality issue. New York State began a *Back To Sleep Campaign* to reduce SIDS deaths which is actively promoted in all prenatal sites. The Suffolk County Bureau of Public Health Nursing developed a premature labor prevention education program. The Community Health Worker Program has added a premature labor prevention education piece to the home visiting protocol.

The Special Supplemental Nutrition Program, commonly known as WIC, is a short term intervention program designed to improve the nutrition and health status of pregnant, breast feeding and postpartum mothers, infants and children up to five years of age. The Department has sponsored the WIC Program for the past 27 years. In 2001, the County received \$2,111,473 from the State for WIC administrative expenses. WIC food and formula checks valued at \$8,724,091 were redeemed in 2001 at 97 contracted stores in Suffolk County. Monthly WIC benefits were provided to 12,049 income eligible WIC participants at nutritional risk in 2001.

The Farmers Market Nutrition Program is a joint partnership with the New York State Department of Health, WIC, New York State Department of Agriculture and Marketing, Cornell Cooperative Extension and the Long Island Growers Association representing local farmers. From July to September 2001, the Farmers Market Nutrition Program provided 6,173 WIC participants with additional food checks valued at \$24 per family to purchase locally grown produce.

The Department of Health Services provides family planning services at 12 locations throughout the County. Services include a comprehensive examination and medical history; screening for various risk factors such as anemia, hypertension, diabetes, hypercholesterolemia, sexually transmitted infections and cervical

cancer; instruction on self breast examination and pre-conceptual counseling. During 2001, the Family Planning program provided 24,378 patient visits for 10,159 unduplicated patients. Confidential HIV pre-test counseling was provided to the 4,941 women who had an initial or annual examination.

The Reproductive Health Speakers Bureau has continued to provide outreach and educational activities to a variety of target populations. These programs are developed to reduce unplanned pregnancy, sexually transmitted infections (STDs), and HIV/AIDS. In addition, programs are also offered related to dating relationships, date rape, and date violence. Although these programs are available to all Suffolk County adolescents, most are provided in areas that have been identified to have high rates of teen pregnancy, STDs and HIV/AIDS. Although adolescents are the primary participants, other targeted populations include those who are frequently educationally underserved, such as people on probation, women, minorities, and the mentally ill.

Since the onset of the epidemic, over 2,500 HIV+ patients have received their primary care at Suffolk County health centers. The health centers and the Skilled Nursing Facility, continue to have an active caseload of 600 HIV+/AIDS patients with 51% having an AIDS diagnosis. By December 2001, the Department of Health Services had reported 1,098 AIDS cases to the New York State Department of Health. Since June 2000, all new cases of HIV are also reported to the New York State Department of Health.

The HIV+ patients seen at these centers are statistically different in gender and risk factors when compared to cases reported elsewhere in New York and the United States. Forty-two percent of the HIV+ cases are women. Seventy-one percent are of the Black and Hispanic races. The major risk factors for transmission were unprotected heterosexual sex (41%) and injection drug use (36%). Homo-bisexual transmission accounted for 16%. Seventy-eight percent of the cases were 30 to 49 years of age. This is the same (77%) age range for the 102 new cases reported in 2001.

Confidential counseling and testing is offered at all clinic sites. Thirteen thousand, three hundred patients received HIV counseling and 9,892 agreed to be tested. We had 102 new HIV cases and there was no maternal transmission of HIV,

with 2 HIV+ pregnant women who delivered in 2001. Care for these patients was coordinated through the Stony Brook University Hospital HIV Prenatal Program.

During 2001, there were 110 HIV+ inmates who received ongoing care for their HIV disease at the Jail Medical Units; 41 were confirmed AIDS cases. The Methadone Maintenance Treatment Program provided primary care to 50 HIV+ patients. Twenty-five had confirmed AIDS diagnosis.

The Ryan White Dental Program provided care for 1,322 HIV+ patients for a total of 1,707 visits. Half of these patients were from outside agency referrals.

The Suffolk County Diabetes Education Program serves as a resource for the community and for health care providers who care for patients with diabetes. More than 4,000 patients with diabetes were seen at the health centers in 2001, generating over 20,500 patient visits. One hundred ninety five individuals attended the 83 diabetes self-management education class sessions offered at the health centers. This number included health center patients and community residents who receive health care elsewhere. Classes were the collaborative efforts of diabetes educators from the Suffolk County Department of Health Services and affiliated hospitals, and Cornell Cooperative Extension (CCE) of Suffolk County.

Special outreach efforts continued to target Suffolk Health Plan (SHP) patients with diabetes and encourage them to participate in our program so that we may decrease rates of hospitalization, prevent complications and maintain overall quality of care. During the year 2001, the rates of emergency room visits and hospitalizations for SHP and Child Health Plus (CHP) patients with diabetes continued to decline significantly.

Weight management is critical to those with diabetes and those at risk for type 2 diabetes. In an effort to assist individuals struggling with this issue, weight management classes were offered under the Diabetes Education Program. A newly revised 12-session series of classes were offered at County Health Centers. One hundred sixty-six individuals attended the 88 class sessions offered, generating 638 visits. During the year 2001, highest levels to date of services provided by the Diabetes Education Program were achieved.

The Department's Mobile Mammography Van Program, in operation since February 1990, continues to reach out to uninsured and underserved communities in Suffolk County to provide breast cancer screening. Through a comprehensive approach to care, clients receive breast self-examination training, a mammogram and a professional clinical breast examination. In addition to the County health centers, the Mobile Mammography Van provided service to 76 community sites and provided a combined total of 3,713 breast cancer screenings.

The Department is an active participant in the Women's Health Partnership of Suffolk County. The Women's Health Partnership is part of the New York State Breast and Cervical Cancer Screening Program, a state funded program, that provides funding for screening and diagnostic services for uninsured and underinsured women. The Suffolk County Mobile Mammography Program is the largest provider of services for the Partnership in Suffolk County.

In February of 1999, the Patient Navigator Program was launched to ensure that women with abnormal breast findings and breast cancer receive timely and appropriate diagnostic and treatment services. In 2000 the Patient Navigator assisted 239 women and in 2001, assisted 285 women by assessing their needs and linking them with concrete community services.

The South Brookhaven Health Center - West and Tri-Community Health Center provide breast cancer diagnostic services. The program offers consultation by a surgeon, limited diagnostic procedures performed at the health centers, and referral to Brookhaven Memorial Hospital Center when indicated for further diagnosis and treatment. The Breast Disease Program is open to all community residents throughout Suffolk County who are without access to specialty care for breast disease. The program at Tri-Community Health center was implemented in April 2000. Altogether, there were 721 patient visits to the Breast Disease Program at the South Brookhaven Health Center - West and Tri-Community Health Centers in 2001.

There were 17,710 lead-screening tests done on children under 6 years old. The County health centers performed 3,644 of these tests and private physicians performed 14,066. Suffolk County Department of Health Services requires all children who receive pediatric care at one of our

sites be tested for lead exposure every year until the 6th birthday. In addition, women who receive prenatal care at any of the Prenatal Program sites are screened via risk assessment for lead exposure. There were 111 children with lead levels that required follow-up. There were 17 new cases opened throughout Suffolk County and followed with a home/educational visit and an environmental inspection.

In 2001, the Medical Social Workers provided over 20,953 patient visits, to address the goals of access to and increased adherence to medical care plans. The Medical Social Workers worked diligently with the staff of the health centers to educate, motivate, empower and case manage patients.

Seven hundred twenty-two low-income, uninsured, chronically ill patients are receiving their medications through the pharmaceutical indigent care programs accessed by the Medical Social Workers. Prenatal care is a priority for the Medical Social Workers. Their goal is to assist the prenatal patient to have a healthy birth and to provide a stable supportive environment for the newborn's homecoming. The Social Workers focus on preparing mothers to cope with this life changing event and identifying those who will need additional support or services.

The Social Work staff at the jail medical unit assisted 111 unduplicated HIV+ inmates in the Pre-Release Program, providing 1,301 units of service. In addition, 40 inmates with other medical problems received services. They have provided 1,098 pre and post-test counseling sessions to this high-risk population. They also provide support and education groups for the HIV+ inmates. The Social Work staff also assisted 12 pregnant inmates who received prenatal care while in the jail.

The Social Work staff of the Women and AIDS project, the SCYIP Adolescent Project, the HIV Prevention Project and the Rural Populations Project provided community education and outreach efforts promoting health care and HIV prevention to 5,519 individuals during 385 separate events. Of these targeted high-risk populations, approximately 117 patients sought HIV counseling as a direct result of the community education and outreach efforts.

Social Work staff provided more than one third of approximately 6,683 HIV pre and 6,549 HIV

post-test counselings. Through the HIV counseling and testing effort, 65 new HIV positive patients were identified in 2001.

HIV case managers made 3,070 face to face visits to 354 HIV+ individuals and families to assist in stabilizing their lives to prevent unnecessary and costly hospitalizations. They also work to prevent unnecessary and costly foster care placements for the approximately 240 children being cared for by HIV+ parents.

The Community Health Worker Program, serving Wyandanch, North Amityville, Copiague and Central Islip is an extensive outreach and case management program for "hard to reach" pregnant and parenting women.

In 2001, services were provided to 252 high-risk families. Community Health Workers made 814 home visits and 1,171 referrals for health and social needs. Almost 91% of the women in the program enrolled in prenatal care within 1 month; 95% of scheduled appointments were kept; 86% of the babies born were over 5 lbs.; there were no infant deaths; 99% of newborns completed their well baby visit within 4 weeks of birth; 100% of those eligible were referred to Child Health Plus, and 100% of participants were educated about HIV.

The Immunization Action Program (IAP) continues to focus on computerized assessments of the immunization levels of 2-year-olds in private providers' offices. The IAP completed its goal of 30 assessments of private provider practices, the highest number performed by any local health unit in New York State. Assessments are also conducted in the health centers. Health centers have achieved an 88% compliance rate for active health center patients. An IAP staff member has performed assessments at day care, nursery, and pre K programs, as well. The goal of this project is to improve immunization rates at these facilities and update the immunization knowledge of the staff members.

Over 4,000 children were seen and provided with 54,000 individual immunizations. The children are screened for tuberculosis, lead, and other health problems. The IAP is a leading referral source for children who do not have a medical home. Children are being referred to both Medicaid and Child Health Plus as indicated.

The Suffolk County Department of Health Services provides dental services at three County

health centers: Brentwood, Riverhead and Tri-Community. Dental units at the Riverhead and Yaphank Correctional Facilities provide dental care to the County's inmate population. The John J. Foley Skilled Nursing Facility provides dental services to the residents of the nursing facility.

The three health center clinics provide comprehensive dental care to HIV+ and AIDS patients under the Ryan White Title I Grant. Four half-time dentists provided over 1,700 service units for the year 2001. Dental Services are provided on a very limited basis for children, up to the age of 18, who have no private dental insurance, are members of a County health center, and who are not members of the Child Health Plus Program. Senior Citizens (60 and older) as well as prenatal patients are seen on an emergency basis only.

The school based health care program at the Eastern Suffolk BOCES is funded through a New York State Bureau of Child and Adolescent Health grant. Students from all over Suffolk County, who attend classes at the BOCES campus in Bellport, receive primary health care services during school time. More than 90% of the 955 student-population is enrolled in the school based health program. There were more than 2,200 primary visits with additional visits for mental health assessment, counseling and education of special needs.

The Day Reporting Program continues as a Court mandated program under the Probation Department. There is a medical and a mental health component, and drug and alcohol treatment staff. BOCES operates a full-time classroom, and assists participants in obtaining their GEDs. Probation Officers complete the staff and deal with the law enforcement issues.

In 2001, Bureau of Chest Diseases (BCD) programs included: nurse case management, directly observed therapy, contact investigations, source case investigations, chest clinics, the targeted testing program, sputum induction, the tuberculosis registry, HIV pre-test counseling and HIV testing, TB community education through participation in health and cultural fairs and TB provider education programs given at local hospitals and at Suffolk County health centers.

In 2001, one more case of TB was reported to the BCD than in 2000. The number of TB cases in Suffolk County is probably due to a combination

of factors. Globalization of the Suffolk County economy, the ease of international air travel which permits diseased individuals to move easily from country to country, the change in the demographics of Suffolk County, better provider TB awareness and improved TB case finding all have contributed to the number of TB cases reported to the BCD.

The Suffolk County Jail has implemented an effective TB control program. All inmates admitted to Suffolk County Jail are screened with Mantoux skin testing to rule out TB infection. All Mantoux positive reactors must receive a chest x-ray to rule out active TB disease. The sputum induction booth located at the jail helps speed the diagnosis of TB in the jail population.

The BCD's targeted testing program among foreign-born persons from high TB prevalence countries has been highly successful in targeting groups for TB skin testing. Under this program a patient has a PPD placed and read in 48-72 hours. Any person with a positive PPD is medically evaluated for latent TB infection (LTBI) or TB disease and treated accordingly. This program has also proved to be an effective TB case finding method.

The use of mobile chest x-rays funded by a NYS supplemental grant has improved and expanded the targeted testing program by providing on-site chest x-rays for positive PPD reactors at the time of PPD reading. The BCD's use of enhanced DOT with incentives and enablers improves completion of therapy rates.

The Division of Patient Care Services, through its Jail Medical Unit, provides medical care to all inmates under the custody of the Sheriff of Suffolk County. An average of approximately 1,400 inmates are housed daily at the Suffolk County Correctional Facility in Riverhead, the Minimum Security Facility in Yaphank and the DWI facility in Yaphank.

State law requires that each new inmate admitted to the Correctional Facility be given a medical screening, including a screening for tuberculosis and a physical examination. In addition, treatment of new and pre-existing medical problems is provided along with daily sick call and treatment of injuries and other emergencies. State law also requires that inmates receive a dental screening and a follow-up dental treatment is provided when indicated. When



mental health problems are detected at the initial screening examination or at any time during incarceration, the inmate is referred to a mental health professional for diagnostic and treatment services.

During calendar year 2001, approximately 12,500 medical screenings were performed as new inmates were processed through the facility, or an average of almost 1,050 per month. Inmates requiring inpatient hospital care are typically transferred to Central Suffolk Hospital in Riverhead. In 2001, a total of 116 inmates spent a total of 540 days in this hospital. Care can also be provided at other facilities, as necessary; emergency hospitalization from the Yaphank facility is usually provided through Brookhaven Memorial Hospital, and tertiary level care is provided at University Hospital, Stony Brook.

Further, the Jail Medical Unit provides comprehensive primary care services for inmates, including hypertension, diabetes, cardiac, respiratory diseases, hypercholesterolemia, sexually transmitted diseases, prenatal care, management and treatment of infectious diseases, and HIV care. X-ray services are provided at both the Riverhead and Yaphank Correctional Facilities. A full service pharmacy is located at the Riverhead facility and provides services to both the Riverhead and Yaphank sites. Phlebotomy is done at both facilities.

Practitioners also provide ongoing patient education to afford the inmate every opportunity for behavioral changes that will affect their medical health. The patients/inmates are encouraged to learn health maintenance and disease prevention skills while incarcerated. Classes are held for discussions of self-breast examinations for all female inmates, with any problems being addressed by the medical staff. Classes are also held for HIV care for both male and female inmates. Dietician services are also provided.

Riverhead Health Center continues to meet the needs of the migrant population by providing both outreach and clinic services. Outreach worker and nursing staff made 2,855 field visits and held 21 field clinics in 2001. Seven hundred eighty-nine patients were transported to provide continuing health care management in an area underserved by public transportation. Patients were transported to the 40 evening migrant clinics held at the health center (604 primary care visits) as well as referred

follow up appointments at University Hospital at Stony Brook. HIV/AIDS counseling was provided to 75 patients.

The Central Pharmacy fulfills state and federal requirements including development of policies and procedures for providing medications and biologicals to the diagnostic and treatment centers, satellites and other Division programs of the Suffolk County Department of Health Services. This includes the storage, handling and issuance of medications, biologicals and pharmaceuticals, supplies and devices as set forth in the formulary contained in the policy and procedure manual. The policy and procedure manual is developed under the guidance of the Patient Care Division and maintained by the pharmacy staff. To assure compliance, a consultant pharmacist provides inspections to all health centers. Manufacturing proved to be a problem with the flu vaccine and the pharmacy worked closely with the CDC, New York State Department of Health and the Division of Public Health to provide adequate flu vaccine for Suffolk County residents.

Over 5,300 people in Suffolk County have received information on Department of Health Services' programs and services at different community outreach sites through the efforts of the Neighborhood Aide Program. In addition, twice a week the Neighborhood Aides offer health information and referral services to Brentwood residents who access St. Luke's Roman Catholic Church for assistance. Over 800 written referrals were successfully completed. These referrals were received from medical staff and primary care providers at the Health Centers.

In the course of making home visits and, in order to further assist patients and family members the Neighborhood Aide Program staff generated over 250 referrals to other Departments and/or community based agencies. Based on the need for advocacy and support services to the victims of domestic violence, the Neighborhood Aide Program in conjunction with Suffolk County Coalition Against Domestic Violence (SCCADV) established a weekly one-day clinic where health center patients can seek direct counseling and support services.

## JOHN J. FOLEY SKILLED NURSING FACILITY

The John J. Foley Skilled Nursing Facility is comprised of a 264 bed state-of-the-art skilled nursing facility with a 60 registrant capacity Adult Day Health Care Program, both licensed under Article 28 of the New York State Public Health Law. The skilled nursing facility is comprised of 252 general skilled beds and a 12 bed dedicated AIDS unit.

As a skilled nursing facility, the John J. Foley Skilled Nursing Facility is charged with total responsibility for the welfare of each resident under its care. This includes the monitoring of their medical status, providing nursing care and treatments, assisting with the activities of daily living (ADL) such as feeding, bathing, dressing and grooming, as well as ensuring their emotional, spiritual and psychosocial well being. The nursing facility is required to provide all these services in a therapeutic and supportive environment with the goal of ensuring that each resident reaches his/her optimal level of functioning.

The Adult Day Health Care Program (ADHCP) is charged with providing essentially the same services as the skilled nursing residents receive as inpatients, to over 50 registrants. These registrants remain in the community, living with their family or in other settings, but come to the Program anywhere from one to six days a week for nutritious meals, clinical monitoring of their medical condition, physical, occupational and/or speech therapy, and a high quality therapeutic recreation program. The Program coordinates each registrant's care with their community physician, ensuring continuity of care. It also serves to keep people in a non-institutional setting for as long as possible, providing socialization to otherwise isolated individuals, and is a cost-effective alternative to in-home one-to-one home care services.

The John J. Foley Skilled Nursing Facility is subject to many levels of regulation and oversight including, but not limited to, New York State Department Of Health (NYSDOH), the federal Center for Medicare and Medicaid Services (CMS), the New York State Public Employees Safety and Health Agency, and the New York State Ombudsman Program.

John J. Foley Skilled Nursing Facility receives reimbursement from two primary funding streams: Medicare and Medicaid. Medicare, the federal health insurance program for senior citizens over 65, pays for up to 100 days of skilled services on an inpatient basis in a skilled nursing facility. Each resident receiving Medicare coverage is assessed utilizing a Minimum Data Set (MDS). It is the acuity level and service requirement needs of the resident that determines the amount of reimbursement.

Under the Medicaid Program, each resident is assessed twice a year, utilizing a Patient Review Instrument (PRI) that places each resident into a Resource Utilization Grouping (RUG). Each Resource Utilization Grouping carries a predetermined weight signifying its resource utilization as compared to the average resident. An average case mix is then calculated for the period, and the per diem Medicaid rate is adjusted accordingly.

The John J. Foley Skilled Nursing Facility has a higher number of "Medicaid only" residents than do other facilities as a result of its commitment to caring for those residents that other nursing facilities will not take. Many of these residents are younger (20- 50 years old) and therefore they do not qualify for the Medicare Program. This is significant, as it requires the facility to pay for items from its budget that other facilities would bill to Medicare Part B. Many of our residents are sicker, need more assistance, are on more medications per day, and are generally more demanding than those in other facilities.

The skilled nursing (excluding the 12 bed HIV unit) average occupancy level for 2001 was 97.59%. This exceeded the average occupancy rate for eastern Suffolk County (96.57%) by 1.02%. It also exceeded the rate for western Suffolk County (97.16%) by 0.43%, and the statewide occupancy rate (95.08%) by 2.51%.

## **DIVISION OF MEDICAL - LEGAL INVESTIGATIONS & FORENSIC SCIENCES**

The Division of Medical-Legal Investigations and Forensic Sciences is unique in that it combines Pathology, Toxicology, and Crime Laboratory sections under the Chief Medical Examiner. This administrative structure facilitates coordination among the various disciplines encompassed by the Forensic Sciences, and helps insure impartiality in case evaluation and subsequent court testimony.

The Pathology Section is responsible for medico-legal death investigation. Generally, this involves the death of anyone in Suffolk County who dies suddenly and unexpectedly, or when the death is suspicious for being unnatural. Typical cases of this nature include SIDS deaths, drug overdoses, motor vehicle crash fatalities, hanging deaths, drownings and injuries from homicidal actions. Of the 11,000 deaths which occur in Suffolk County each year, about 40% are investigated to some extent by the Medical Examiner Office. Each case is first evaluated by a Physician Assistant who serves as a Medical Forensic Investigator. These highly trained and knowledgeable individuals often respond to the scene of death and interview family members and witnesses. All cases are eventually reviewed by one or more of the five Forensic Pathologists who serve Suffolk County on a full time basis. During 2001, over 1,000 cases were actually brought into the Medical Examiner Office and 839 were autopsied. Over 1,900 approvals for cremation were also given.

The Toxicology Laboratory analyzes bodily fluids and tissues for drugs, alcohol and poisons. Many cases are submitted by the Forensic Pathologists during the course of an autopsy or external examination to help evaluate the case or determine the cause of death. The laboratory also analyzes for drugs and alcohol in motor vehicle operators suspected of driving while intoxicated (DWI) and in these cases blood samples are taken by the Medical Examiner Forensic Investigators. The laboratory also analyzes for drugs and alcohol in cases submitted for rape investigations. During 2001, 375 cases were received and analyzed for DWI, driving while under the influence of drugs (DUID), or sexual assault. Over the past six years

the testing for these cases has become more complex since drugs are often more detected instead of or in addition to alcohol. Date rape drugs have recently been added to the panel of drugs able to be analyzed in-house.

In the Drugs of Abuse section of the Toxicology Laboratory, drug monitoring is performed for the Methadone Maintenance Program in the Division of Alcohol and Substance Abuse and for the Probation Department. During 2001, the Toxicology Laboratory experienced a small decrease in the Drugs of Abuse while a more significant decrease of 17% was seen in DWI/DUID submissions.

The Crime Laboratory is responsible for the independent, objective and accurate examination of physical evidence submitted by all law enforcement agencies in Suffolk County. Components of the Crime Laboratory include: Biological Sciences (including DNA analysis), Questioned Document Examination, Firearms/Ballistics, Drug Chemistry, and Trace Evidence. The Suffolk County Crime Laboratory is unique in that it is an integral part of the Medical Examiner Office and also responds directly to major crime scenes in conjunction with homicide detectives, the medical examiner, and police crime scene units.

During 2001, the Laboratory experienced a 3.7% increase in submissions as compared to 2000. The most significant increase occurred in the Drug Chemistry and Biology Sections. The total number of laboratory samples analyzed during the year was 28,951, about 400 less than 2000. Cocaine, MDMA (Ecstasy) and Marijuana continue to be the most frequently encountered controlled substances. During the year the laboratory analyzed 5,628 submissions and administratively closed 2,071 submissions. In some instances, these cases were closed by the courts without the need for analysis while many others were returned because no follow up requests for analysis were made. As there has been a 30% increase in drug submissions during the first half of 2002, the need for administrative closure of cases (particularly drug cases) will

continue as the backlog of drug cases exceeds 2,000 cases.

The professional demands placed on the Laboratory and staff to provide state of the art analyses and keep current in the science continue to increase. The state mandate for laboratory accreditation which is unique in the United States has placed greater emphasis on quality assurance and the State Commission on Forensic Sciences is continually seeking to elevate the standards of practice for all public forensic laboratories in New York State. All three areas of the Division have been inspected and accredited by professional peer review organizations.

The Laboratory continues to attract outstanding students and volunteers to expand their knowledge of Forensic Science. During the year, Forensic Science interns from colleges and universities throughout the northeast, worked and studied in the Laboratory.

During 2001, the professional staff of the Division provided 98 lectures to a total audience

of more than 3,726 persons on topics ranging from DNA analysis to death investigation. The audiences ranged from elementary school students (presentations on drug and alcohol abuse) to professional and service organizations. Formal teaching and instruction were provided for Suffolk County Community College, The School of Mortuary Sciences at Nassau Community College, medical students at Stony Brook University, and others.

Pathology residents from University Hospital at Stony Brook spend two months each at the Division receiving instruction on Forensic Pathology and performing autopsies under the direct supervision of Medical Examiner staff. Interns and students also work in the Crime Laboratory and Physician Assistant students and interns receive training in investigations.

In 2001, the Division was a semifinalist in the Innovations in American Government Competition sponsored by the John F. Kennedy School of Government at Harvard University.

## DIVISION OF ENVIRONMENTAL QUALITY

During 2001, staff reviewed 332 plans for new water plants and modifications to existing treatment, supply and distribution facilities for public water supplies to ensure compliance with state specifications.

At the close of 2001, there were 42 community water supplies on the active inventory. A total of 766 samples were taken from the County's approximately 540 active community supply wells. Each sample was analyzed for up to 200 parameters, including microbiological quality, inorganic chemical content, carbamate and organohalide pesticides, and volatile and semi-volatile organic compounds and chlorinated acids. Four community water supplies had a total coliform violation during the year.

The active, non-community public water supply inventory included 415 systems at the end of 2001. A total of 238 non-community supplies were inspected and 403 well samples collected. A total of 28 total coliform MCL violations among 20 non-community supplies were reported during the

year (four of the systems experienced two violations and two systems had three violations).

The State and County sanitary codes both require each community water supply system to maintain an active program of cross-connection control to prevent the backflow or entry of undesirable contaminants and/or toxic substances into a water distribution system. County regulations now require installation and periodic testing of backflow prevention devices. Each water system must submit cross-connection plans to the Department for review. Two hundred fifty-five backflow prevention plans were reviewed in 2001.

Pesticide contamination was first discovered in Suffolk County in August 1979 when the pesticide aldicarb was detected in drinking water supply wells. As a result, extensive testing for aldicarb and other pesticides was initiated. Results of the testing revealed that the pesticide contamination is extensive. In 2001, eight new pesticides were found, bringing the total to 52 pesticide



compounds identified in the groundwater aquifer. Over 4,000 private wells and 15 large capacity public water supply wells have been found to exceed the drinking water standards, primarily for the pesticide compounds aldicarb and carbofuran. Over 90,000 samples have been collected, with 2,115 carbamate analyses in 2001. The Department currently has the capability to analyze for methyl carbamates, organohalide, micro-extractables, semi-volatile, and chlorinated acid pesticides or their degradation products. Additionally, in 2001 the Public and Environmental Health Laboratory (PEHL) expanded its analytical capabilities to include the HPLC method for herbicide metabolites. Metolachlor and its metabolites have replaced aldicarb and its metabolites as the most frequently detected pesticide compounds.

Studies conducted by the Department indicate that some of the pesticides will take decades before they degrade and/or are flushed from the aquifer system, therefore extensive testing and monitoring for pesticides will be necessary for the foreseeable future. Nationally, virtually no monitoring for pesticide degradation products is performed.

During 2001, over 2,125 wells were analyzed for dacthal metabolites. The metabolite TCPA has been found in hundreds of wells in excess of the state MCL. Although no new public wells were found to have TCPA concentrations over the MCL, it remains a common contaminant in private wells in agricultural areas.

Suffolk has over 60,000 households that use private, onsite wells as the only source of potable water. During 2001, a total of 1,150 private well samples were collected.

The Division of Environmental Quality is one of the few regulatory agencies routinely monitoring for MTBE, and may have been the first to require community water supplier self-monitoring for the presence of this additive. Since 1991, over 55,000 samples have been analyzed.

The Department continues its active evaluation of Brookhaven National Laboratory (BNL) groundwater and Peconic River contamination clean-up activities.

A report summarizing a groundwater investigation of perchlorate contamination of private wells in Yaphank was issued in January 2001. Of 40 private wells sampled, 13 contained

perchlorate and three exceeded the drinking water limit of 18 ug/L. Public water was extended to the three wells. Prior to 1997, analytical methods to detect the low levels of perchlorate found in Yaphank did not exist.

Article 12 program staff oversee the engineering and installation of toxic and hazardous materials storage facilities. A total of 554 engineering plan sets describing the construction of toxic and hazardous materials storage facilities were received for review. The majority of plans submitted were for the installation of small above-ground fuel oil, motor oil, or waste oil tanks along with piping upgrades and dispenser island relocations. One hundred eighty tank test reports were reviewed for completeness in 2001. Of these, fully 9 system failures were reported, with 2 cases being confirmed tank leaks. A total of 906 toxic and hazardous materials storage facilities were registered in 2001.

Storage tanks that no longer conform to the requirements of Article 12 must be removed from service. During the 2001 year, a total of 698 tanks were removed from service. This includes tanks that were physically removed from the ground, abandoned in place, or removed from the site in the case of above ground tanks.

The wastewater program is responsible for reviewing engineering drawings of sewage treatment plants, pump stations and car washes that have no wastewater discharge. It oversees the construction of privately owned sewage treatment plants (STPs). There are 150 municipal and privately - owned sewage treatment plants in Suffolk County.

The pace of STP construction is increasing as development of open space in Suffolk County continues to increase. During 2001, 45 engineering reports were received for review and 96 construction inspections were completed. This is a 23% increase in construction inspections over the previous year.

The quality of indoor air in offices and schools is gaining more attention. During 2001, Division staff performed 12 indoor air quality evaluations.

Public swimming pool plans must be submitted for review and approval before a new swimming pool can be installed. During 2001, 19 plans were received and reviewed.

The clean-up of contaminated storm drains, septic systems, and leaching pools is completed under the Remediation Program. When sample analysis indicates a polluted subsurface system, a notice is sent to the operator or owner that the offending liquid/soil/sludge must be pumped out and shipped off-site for proper disposal. During 2001, as a result of the efforts of the Remediation Program, 230 clean-ups were performed; 752,800 gallons of contaminated liquids were pumped out and 10,080 tons of contaminated soil were excavated.

The Division provides design review and construction inspection of all private sewage disposal systems, private water supply installations, and public water supply connections to ensure that the disposal system and water supply to all individual homes are safe and satisfactory and in compliance with all health codes. The bulk of the workload consists of reviewing site plans for single family residences. The rate of single-family applications submitted to the Department decreased during 2001, with 5,016 applications received, as compared to 5,704 in 2000.

The Division also provides design review and construction inspection of all commercial sewage disposal systems, private water supply systems, and on-site privately owned water distribution facilities to assure compliance with health codes. The number of commercial applications increased during 2001, with 648 applications received vs. 590 in 2000.

Five hundred twenty-five realty subdivision applications were received during 2001, which was a slight decrease from the 543 received in 2000. Many of the applications received consist of small two or three lot realty development maps, but there are also many attached housing subdivision submittals (homeowner's associations). These applications usually also involve review of a sewage collection system and treatment plant design.

The Peconic Estuary Program's Comprehensive Conservation and Management Plan (CCMP) was formally approved by USEPA Administrator Christine Whitman on November 15, 2001, with the concurrence of New York State Governor George Pataki. Several years of post- CCMP implementation oversight will follow.

The Program Office has made tremendous progress in conducting and coordinating technical work tasks, several of which are being performed by consultants. Some of the key tasks include modelling surface water quality, continuing toxics characterizations, monitoring beds of submerged aquatic vegetation, starting to implement the critical lands protection strategy, mapping underwater habitats, and using the Critical Natural Resource Areas designations as a tool to focus protection efforts. Another critical task includes the extensive surface water-monitoring program.

The Long Island Sound Study (LISS) is currently in its seventh year of the implementation phase. The primary focus of LISS is to activate, facilitate, and measure the progress of the actions called for in the LISS CCMP.

The Source Water Assessment Plan (SWAP) provides bi-county administrative and coordination services for the upcoming Long Island SWAP study. Long Island SWAP will greatly expand application of modeling capabilities, and will better relate land uses to drinking water supply threats by evaluating drinking water supply well contributing areas. The two-year program formally began in the Fall of 2001 with the selection of a consultant.

Operating permits for all 354 indoor and outdoor swimming pool facilities were renewed and/or issued in 2001. Approximately 25 bathing beach permits requiring variance or waiver reviews were renewed. In addition, 764 bathing facility inspections were conducted during 2001. An increase in the number of regulated facilities was noted with the addition of one new bathing beach and ten new swimming pool facilities. One hundred twenty bathing facility safety plans were reviewed and 112 were approved.

A program of sampling indoor swimming pools for Total Organic Carbon compounds (TOCs) was continued in 2001. Four hundred eighty samples were obtained from a representative group of facilities. The presence of elevated levels of TOCs have been associated with the occurrence of eye and skin irritations and other pool water-quality related maladies.

The Public and Environmental Health Laboratory (PEHL) is an approved/accredited laboratory by both the National Environmental Laboratory Accreditation Conference (NELAC) and the New York State Department of Health

Environmental Laboratory Approval Program (ELAP). As part of the accreditation program, the Public & Environmental Health Laboratory was subject to an onsite inspection by an ELAP

Laboratory Consultant on behalf of both ELAP and NELAC. The PEHL successfully passed this inspection to maintain both certifications.

## DIVISION OF EMERGENCY MEDICAL SERVICES

The Division of Emergency Medical Services continued to focus on ensuring quality prehospital emergency medical care through training and quality improvement efforts in 2001. The Division also intensified ongoing emergency preparedness planning efforts for major incidents in conjunction with the Division of Public Health and other County departments.

The Division has been very active in emergency preparedness, and this activity intensified following the events of September 11<sup>th</sup>. Division members provided staffing for the Emergency Operations Center's Emergency Medical Services (EMS) desk 24 hours a day from September 11<sup>th</sup> through 14<sup>th</sup>, coordinating requests for ambulance and EMS personnel resources to New York City, and to ensure that adequate response staff remained available in Suffolk County. Hospital capability and patient flow was tracked. Division staff members escorted ambulance task forces to staging areas throughout New York City, and some Division staff members were deployed to assist staffing at two New York City Office of Emergency Management Command Centers. Division staff coordinated Critical Incident Stress Management for County emergency responders in need. Preparedness efforts included a focus on training, with updating of a Weapons of Mass Destruction awareness training module for EMS workers that was delivered to multiple agencies. Division staff members participated on a variety of countywide task forces and workgroups and have been instrumental in the development of the medical component of the countywide response and preparedness plans.

A bioterrorism educational seminar was held for EMS instructors and other groups likely to participate in a large-scale disaster, including Department of Health Services' employees, forensic odontologists, the Suffolk County Dental Society, and the Nassau-Suffolk Funeral

Director's Association. A training program for medical response to chemical incidents with mass casualties and nerve agent exposures was developed for EMS personnel in conjunction with the Fire Academy. A policy was developed for EMS response to anthrax threats and distributed to agencies.

The Division also focused on planning for response in conjunction with the Division of Public Health. Monthly meetings with hospital emergency departments and emergency managers were initiated for response planning. The Division worked with the County Terrorism Response Task Force to develop a guideline for decontamination for hospitals. Division members addressed emergency communications, EMS surveillance, personal protective equipment procurement and fit testing for Department of Health Services' members, and the logistics of providing mass prophylactic medications.

Division staff worked extensively on a committee of the Regional Emergency Medical Services (EMS) Council to address ambulance response times. Dispatch data were reviewed and compared to accepted standards, and ambulance agencies were surveyed to ascertain dispatch policies and identify programs that agencies had implemented to augment response. Recommendations were formulated by the committee for presentation to the Regional EMS Council.

New Advanced Life Support Protocols were developed, approved and presented to all Advanced Life Support (ALS) providers in several seminars throughout the County. These protocols included comprehensive pediatric protocols, and were presented to ALS providers in a module that included assessment of the pediatric patient. Various other quality assurance issues were presented in these seminars. These included a

concurrent quality assurance tracking mechanism for endotracheal tube placement that will be implemented statewide, and new evaluation methods to ensure proper placement. Protocols that were developed in 2000 to expand the scope of practice of Basic Life Support (BLS) providers to include treatment for asthma and severe allergic reactions, were presented in train-the-trainer format to all County agencies. A quality improvement module addressing issues identified in quality improvement reviews was included in these presentations.

Data on utilization of the East End medevac pilot operation was collected and analyzed to demonstrate the need for this service.

Cardiac arrest survival was an area of concentration for the EMS Division in 2001. Division staff worked on improving data collection for all levels of response to cardiac arrests. Division staff participated on the Suffolk County Defibrillator Placement Task Force. This task force collected survey data from public venues on populations at risk and documented cardiac arrests at these sites. In addition, EMS cardiac arrest data was collected and mapped. The task force produced a report that addressed placement of public access defibrillation programs. Suffolk County buildings were assessed for implementation of Public Access Defibrillation programs in conjunction with the Suffolk County Safety Officer. Division members participated on the American Heart Association's Operation Heart Beat Task Force.

Additional quality improvement efforts included a focused review of dispatch for diabetic related emergencies, and a study of asthma care done in conjunction with the Regional Medical Advisory Committee.

The Division continued to have an extremely active education program. Fifteen original Basic and Advanced level Emergency Medical Technician classes were held, and eleven traditional re-certification courses. These classes resulted in 383 newly certified Emergency Medical Technicians, and 347 Technicians re-certifying. The rollout of the new Emergency Medical Technician-Critical Care curriculum was held for course sponsorships in the County.

The Continuing Medical Education re-certification program that was introduced in 2000 was expanded in 2001. This program is proving

instrumental in retaining volunteers in Emergency Medical Services. Over 500 students were enrolled in this program in 2001. The program was expanded in 2001 to include Advanced Life Support training, including paramedic re-certification. Continuous rotating modules of core educational content were established at eastern, central and western locations in the County.

Pediatric education was a focus of the Division. The American Academy of Pediatrics' Pediatric Education for the Pre-hospital Provider Instructor course was held for staff and County instructor coordinators. Other specialty classes given for pre-hospital providers included Weapons of Mass Destruction, 12 Lead EKG, Pre-hospital Care Report Documentation, Quality Improvement, and Advanced Cardiac Life Support Updates.

The Division's move to the H. Lee Dennison Building greatly improved Emergency Medical Technician state testing facilities; an Evaluators' course and evaluation process for the testing also enhanced the provision of this service.

The Division, as a Community Training Center for the American Heart Association, coordinated 524 Basic Life Support classes that trained 4,327 students in cardiopulmonary resuscitation.

The Division issued twenty Part 18 Mass Gathering Permits in 2001. Staff members assisted promoters, law enforcement personnel and medical personnel in the development of health and safety plans for these events. Staff members conducted inspections at many of the events, to ensure compliance with State Sanitary Code.

Division staff members participated on many New York State technical advisory groups and committees in 2001. These included Funding Allocation Technical Advisory Group, Air Medical Technical Advisory Group, Dispatch Technical Advisory Group, State Emergency Medical Advisory Committee Bioterrorism Group, and Medical Standards Committee. The Chief of Operations is an Associate Member of the Pre-hospital Care Research Forum and helped develop a research curriculum for inclusion in the national paramedic curriculum.





## DIVISION OF MENTAL HYGIENE SERVICES

During 2001, the Division of Community Mental Hygiene Services initiated the planning and implementation of the Children's Single Point of Access (SPOA). This unit will have the capacity to serve 500 high need children at any one time. Services will be provided by contract agencies as well as by the Division directly. These services include Intensive Case Management, Supportive Case Management, Assertive Community Treatment, Home and Community Based Services Waiver, Teaching Family Homes, Community Residences, Family Based Treatment, and in two years, Residential Treatment Facilities. The SPOA Unit will be fully operational in 2002 and will represent a significant advancement in the provision of services to children with serious emotional disturbances. A more responsive and coordinated children's mental health system will serve children and families better while also reducing the need for expensive hospitalizations and longer-term institutional care.

The Young Adult Methadone Program was opened in April of 2001. This program was implemented in response to a growing number of young adults applying for treatment services at the County methadone clinics. It is specifically tailored to meet the needs of heroin addicts, 18 to 23 years of age. Services are more intensive than traditional methadone treatment and attendance is mandated at individual and group therapy. Parental involvement is strongly encouraged as well. During the nine months that the program was operational in 2001, 2,526 therapeutic visits were provided to 67 clients.

Also in 2001, the Intensive Case Management Program was implemented to monitor the mandated treatment of those clients who repeatedly cycle in and out of the Department of Social Services as a result of chronic recidivism with substance abuse. Through a contract with Outreach Project, case managers work closely with clients, providing additional referrals and support as needed, in an effort to maintain client involvement in treatment. This program has already demonstrated success in the prevention of recidivism with this population. This, in turn, will result in significant Medicaid savings for Suffolk County through decreased hospitalizations,

detoxifications, and emergency room visits by these individuals.

The Division made great progress in the development of new forensic programs last year. The Division worked closely with the Suffolk County Jail staff to develop a specialized unit for identified, high-risk, high-need inmates within the facility. This unit has resulted in improved monitoring, observation, and treatment of this population by Mental Health Unit personnel.

A unique new program was designed that connects community based mental health programs with the first, third and fifth police precincts in response to their growing number of emotionally disturbed person (EDP) calls. This program, the first of its kind in the United States, will provide police officers with mental health training and access to community resources that will ensure better care for the mentally ill and also serve to reduce County costs associated with arrests, court proceedings, and oftentimes, incarceration.

Within the community, the Division has collaborated with the Department of Social Services to implement the Medication Grant Program, known as "Kendra's Law". This program arranges for individuals being discharged from state prisons and the Suffolk County Correctional Facility to access the necessary medications to continue their treatment for psychiatric disorders. In addition, the Division worked closely with Federated Employment and Guidance Services to implement a Transitional Case Management Program providing linkages to housing, benefits and continuation of mental health treatment to persons discharged from the Riverhead Correctional Facility and state prisons.

During 2001, the Division's directly operated outpatient mental health clinics continued to provide a variety of essential psychotherapeutic services to adults with severe and persistent mental illness, and children and youth with serious emotional disturbance. In addition, the Division's clinics continued to provide employability evaluations for the Department of Social Services. In 2001, this unit evaluated a total of 678 people. Of these, 193 were found to be employable.

During 2001, the Division devoted additional resources to the State initiated Assisted Outpatient Treatment (AOT) program. This program was developed to serve persons with mental illness who were non-compliant with treatment, thereby placing themselves or others in the community at risk of personal harm. Suffolk County has developed an integrated program where many people who are at risk are placed on diversion status by providing enhanced services that precludes the need for them to be under court order. However, for those individuals under a court order, the AOT unit monitors every aspect of the treatment plan for the duration of the order to assure compliance, and provides whatever interventions are needed to assure the continued safe integration of AOT clients in the community.

The Division's centralized case management, evaluation and referral CAMERA Unit processed over 2,200 applications for case management and/or Bridger services in 2001. During the year, CAMERA experienced a significant system expansion with 500 additional "New Initiative" caseload slots in both Supportive and Intensive Case Management. Two additional agencies started new case management programs in July of 2001 through the use of these funds. All the case management catchment areas were reconfigured to optimize this expansion.

All case management agencies now provide both Intensive Case Management and Supportive Case Management services, operating in a flexible "blended" services model. The CAMERA unit conducted site visits to each of the case management agencies providing technical support and assistance when necessary. CAMERA staff provided advocacy and resource referrals for community groups, families of target populations, clients and other agency personnel. CAMERA worked closely with the AOT program by providing weekly progress reports to the AOT unit for court ordered clients and monitoring diversion status cases for up to six months to assure compliance with the treatment plan.

In 2001, the Division's Bureau of Training & Education conducted twenty-three workshops, attended by approximately five hundred and fifty mental health professionals. Bureau staff also conducted in-house training programs for mental health contract agencies, Suffolk County clinics and agencies, and an on-going training series for

the Suffolk County Police Department and Sheriff's Office.

The Bureau of Training & Education is also actively involved in providing crisis intervention services to the residents of Suffolk County. They have worked to revitalize the Suffolk County Crisis Team by being actively engaged in the screening, selecting and training of new crisis team members. The Bureau is actively involved with the Bio-terrorism Task Force, the Terrorism Steering Committee, and the Psychiatric Special Needs Task Force. The goals of these committees are the creation of a joint response plan to deal with crisis situations, the development of a Suffolk County Emergency Evacuation Plan, and the development of a memorandum of understanding between the different organizations that respond to crisis situations.

The Bureau was strongly involved in providing crisis services to the victims of the World Trade Center Disaster. Bureau staff provided training on crisis intervention techniques, screened volunteers, and coordinated the schedules of individuals staffing the Division's WTC Hotline and those assigned to crisis work. Over four hundred Suffolk County mental health professionals volunteered their services along with over 200 other workers and para-professionals. These individuals provided crisis services to the Port Authority Police, Firefighters, New York City Police Department and family members of the victims of the WTC Disaster. Locally, they provided crisis services to the residents of Suffolk County who were impacted by the trauma, to the Suffolk County Sheriffs Department, local firefighters and other individuals who were impacted by the WTC Disaster.

In Children's Services, the Division implemented three Children's Mobile Clinics through three of our contract agencies, Pederson Krag, Children and Families, and Family Service League. The Clinics provide therapy and medication management to children who have been unable to access standard clinic services. This has been a very successful and well-received service, which the Division hopes to expand in the future.

Suffolk County continues to contract with five agencies to provide services for individuals with Mental Retardation/Developmental Disabilities in Suffolk County. The largest contracts are with three agencies for sheltered workshop programs

and the related necessary transportation to these programs. The County also has relatively smaller contracts with agencies to provide day training activities and therapeutic recreation for this population. Although New York State directly contracts with providers to develop and maintain community residences for individuals with MR/DD diagnoses, the Division does contract with an agency to help assure that sites are appropriately located.

The New York State CARES Initiative, now entering its fourth year, has assisted provider agencies to develop residential opportunities for persons with mental retardation and developmental disabilities. As a result of this initiative, Suffolk County has seen the number of Individual Residential Alternative (IRA) beds increase to 1,187 and Intermediate Care Facility beds increase to 1,185. Despite this development, the Long Island Developmental Disabilities Service Office (DDSO) reports that there continues to be a waiting list of approximately 900 persons in need of residential placement in Suffolk County.

The Division of Community Mental Hygiene Services coordinates a countywide effort to meet the needs of individuals and families affected by alcoholism and substance abuse. Aside from directly operated services that include outpatient methadone maintenance clinics, Division personnel also provide contractual oversight to a network of community based treatment agencies. Additional mission components include direct and contracted prevention services, criminal justice initiatives, and ancillary services such as vocational assistance.

The County operates five methadone treatment centers providing opiate replacement therapy for the treatment of addiction to heroin and other opioid substances. This modality is documented to be the most cost-effective and therapeutically beneficial method of treatment for chronic opioid dependence, and has the important added benefit of helping to curb the spread of needle-borne diseases like HIV and HCV (Hepatitis C). In addition, these centers are licensed to provide primary medical and psychiatric care to their enrollees, an extremely important component for the uninsured poor.

The total funded capacity for the methadone treatment programs including the Young Adult Program is 1,008 patients. These programs have

consistently operated well above this funding level. They are extremely active clinics with 38,863 therapeutic contacts and 265,788 medication visits provided during the year 2001.

Comprehensive vocational rehabilitation services are provided to patients being treated in the five methadone maintenance treatment programs, Drug Courts, Day Reporting Center, and DWI Facility, as well as the entire network of community-based agencies. In addition, the vocational rehabilitation unit provides individualized reading/remediation services through a learning disabilities special educator. The goal of these services is to assist patients in attaining productive roles in the community. During the year 2001, a total of 4,500 client visits were provided within Suffolk County treatment facilities.

As per the Welfare Reform Act of 1997, the Referral and Monitoring Program, a collaborative effort with the Department of Social Services, requires that screening and assessment for alcohol and substance abuse problems are conducted for all public assistance recipients and applicants and, if indicated, referral to treatment and case monitoring of these individuals. During 2001, 4,163 individuals were referred to the Referral and Monitoring Program with 2,164 of those referred to treatment. Of those being monitored, 1,425 clients were made employable.

In 2001, Suffolk County continued to address the service needs of individuals with co-occurring psychiatric and addictive disorders through a \$77,500 demonstration grant received from the New York State Office of Alcoholism and Substance Abuse Services. The Dual Recovery Coordinator seeks to ensure that those afflicted with dual disorders receive appropriate care by increasing the level of collaboration between the mental health and chemical dependency service delivery systems.

More than 70% of jail cells in the Suffolk County Correctional Facility are currently occupied by inmates whose crimes were directly or indirectly associated with drugs. The purpose of Drug Court is to divert the non-violent offenders out of jail and refer them to an appropriate level of treatment in the community. There are over 500 Drug Courts throughout the United States. The Suffolk County Drug Court was implemented in 1996 and has had 665 participants. Since its inception, there have been 343 individuals who

have successfully completed the program and graduated. Of those, 81% remained arrest free during their tenure in the program. By contrast, those who failed the program had an arrest record of 40%. During 2001, there were 3,279 participant visits to the Suffolk County Drug Court.

In recognition of the effectiveness of the criminal Drug Court model, the family court system has become involved as well. More than 7,000 cases of child abuse and/or neglect are initiated in Suffolk County each year. In approximately 75% of these cases, parental substance abuse is a causal factor. In December 1999, the Suffolk County Family Treatment Court began providing services to parents who were charged with neglect based upon use of alcohol and/or drugs. Family Treatment Court empowers parents struggling with substance abuse and provides them with the necessary support to break the cycle of addiction and fulfill their obligation to their children.

As of December 2001, 80 parents graduated from Family Treatment Court and were reunited with 185 children. There have been only 5 new petitions (neglect charge) for the graduates. The number of active clients during 2001 was 108 with a total of 317 affected children. One hundred ninety units of service were provided to this group (both parents and children).

The Day Reporting Center (DRC) provides intensive outpatient alcohol and substance abuse treatment to probationers sentenced by the Suffolk County Supreme Court as an alternative to incarceration. These clients are facing a violation of probation and failure to complete this program often results in incarceration at the Riverhead Correctional Facility. During 2001, 8,584 visits were provided to a total of 204 clients.

The Parole Violators Program is operated out of the Suffolk County Correctional Facility and is funded through a \$110,000 grant from New York State. The target population for this program is parole violators detained in the Suffolk County Correctional Facility who have been identified as alcohol/substance abusers by the New York State Division of Parole and found suitable for the program. Project participants are required to participate in the correction-treatment program for a period of 60 days while confined to the correctional facility. Upon completion of the program, the participants are released to the community, under close supervision by the

Division of Parole. Continuation in outpatient treatment is arranged by the program staff for an additional 6-month period. During the year 2001, this program provided treatment to 66 parole violators.

The Division of Community Mental Hygiene Services also contracts with 14 not-for-profit agencies that provide outpatient chemical dependency treatment services at licensed sites located throughout Suffolk County. These agencies provide individual, group and family counseling. Each treatment program stresses the importance of outside support such as twelve-step programs in supporting recovery, and many incorporate a systems approach in an effort to reach family members. Adjunct services include prevention/education, vocational rehabilitation and AIDS support services. Effective linkages have been developed with referral sources such as probation/parole, criminal and family drug treatment courts, social services, and family court. Programs also provide prevention and substance abuse education in their local communities and school systems.

Outreach Project administers a five day, five hour per day treatment program in Bellport for women and their children. There is a well-documented need for this program as the incidence of crack/cocaine use and HIV infection continues to rise among females. The inclusion of children and pregnant women in the program recognizes the problems typically present in substance-abusing families. The program provides intensive counseling, education, vocational services, parenting/life skills groups, as well as on-site day care and limited transportation services. During 2001, Outreach Project provided 3,482 units of service in this program.

A shortage of stable, supportive housing is a major problem for people in recovery. Halfway houses are residential programs for alcohol abusers who have been stabilized through an initial treatment phase generally provided in an inpatient rehabilitation program or in an intensive outpatient program. St. Christopher-Ottillie is contracted to provide this service at their Madonna Heights facility in Dix Hills. The program, named Morning Star Community, has a 20- bed capacity. During 2001, this program provided 6,598 bed days.

Catholic Charities (Talbot House) operates a chemical dependency crisis center in a medically



supported environment for alcohol abusing clients until they are safely alcohol free and can be referred to an appropriate treatment program. Persons admitted to a chemical dependency crisis center may be in need of withdrawal from alcohol, but do not present a complicated medical condition at the time of admission. To this end, Talbot House is now licensed to provide medically supervised withdrawal services as an alternative to hospitalization. During 2001, Talbot House provided 11,591 bed days.

In the area of alcohol and other drug prevention, the Division funds Eastern Suffolk BOCES Student Assistance Services, nine school-based prevention programs, two community-based prevention programs, ten community-based Prevention Specialists, and one volunteer organization called a Drug Abuse Prevention Council (DAPC), all of which are coordinated by staff from Alcohol and Substance Abuse Services' Contract Management Unit.

The Eastern Suffolk Board of Cooperative Educational Services (BOCES) provides Student Assistance Services at 14 sites in 11 school districts and four BOCES facilities. Seventeen SAS counselors provide prevention, early intervention, assessment and referral services for students in elementary, junior and senior high schools.

For several years BOCES has been coordinating the "Reconnecting Youth" program in five school districts. Through increased funding from the New York State Office of Alcoholism and Substance Abuse Services (OASAS), BOCES began providing this program to five additional school districts during 2001.

Alcohol and Substance Abuse personnel also provide contract management services and technical assistance to nine funded school-based programs. These programs provide a wide array of

prevention/intervention and peer leadership programming to students in grades K-12. Funding has also provided specialized prevention programs through Riverhead Community Awareness Program, Inc. (CAP), Human Understanding and Growth Seminars (HUGS), and Drug Abuse Prevention Council (DAPC): Retired Senior Volunteer Program (RSVP).

Working out of ten geographically dispersed treatment agencies, Community-Based Prevention Specialists provide primary prevention services to the general population, with specific emphasis on school-aged youth. As part of this, Prevention Specialists provide CHOICES, a ten-lesson, research-based elementary school curriculum on alcohol, tobacco and other drug abuse prevention. This curriculum was implemented in 24 public school districts and 10 private schools during the year 2001, reaching approximately 12,700 students.

The Suffolk County Coalition for the Prevention of Alcohol and Other Drug Dependencies, Inc., provides a wide range of community oriented prevention services. The Coalition is a not-for-profit, citizen membership organization whose activities include: providing information regarding alcohol and substance abuse treatment, prevention and education; promoting and supporting grassroots prevention initiatives such as the Community, Parent, School, Student program (COMPASS); providing workshops and trainings to professionals and community groups; and encouraging individual, non-profit and corporate memberships to interested parties and organizations.

## **BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS**

The Bureau of Services for Children with Special Needs incorporates three separate programs. The Early Intervention Program is for

children birth to three years of age with development delays. The Preschool Special Education Program is for children 3-5 years with

disabilities, and the Children with Special Health Care Needs Program (incorporating the Physically Handicapped Children's Program) serves clients birth to 21 years.

Early Intervention is a comprehensive program designed to enhance the development of infants and toddlers with delays, minimize potential delay among children seriously at risk and assist families in meeting their child's special needs. Early Intervention Services are most effective when they take place in the child's natural environment and when there is active family involvement. The Bureau ensures that families and children receive appropriate services and/or referrals. As of December 1, 2001, 2,297 infants and toddlers were actively receiving early intervention services. Approximately 80% of the children received services at home, with speech and language the most common service authorized. The State and the County share costs of the program.

Suffolk County's 71 school districts' Committees on Preschool Special Education

determine eligibility and services for children aged 3-5 years. County representatives ensure appropriate placement of preschool children with disabilities in least restrictive environments. During the 2001 school year, over 5,000 children were actively receiving Preschool Special Education services.

The Children with Special Health Care Needs Program performs various functions to assure that children up to the age of 21 with certain disabilities and/or chronic health conditions receive quality care while limiting the financial impact on families. Service coordinators provide case management to empower families to meet challenges of caring for a child with special health care needs, assisting families in accessing educational services as well as community resources. In addition, the Children with Special Health Care Needs Program staff participate in the Care at Home Waiver Program, and are trained to do Medicaid Service Coordination for the Bureau of Services for Children with Special Needs.

## OFFICE OF HEALTH EDUCATION

The Office of Health Education strives to teach residents, children and adults how to live healthier lives. Health promotion and disease prevention are the cornerstones of a comprehensive program.

Since the Master Settlement Agreement between the tobacco industry and 46 of the States' Attorneys General, the Office has concentrated the majority of its efforts on tobacco control, using the Centers for Disease Control and Prevention's Best Practices for a comprehensive tobacco control program as a guide. Since 2000, the first year settlement money became available, the County has dedicated between 15% and 20% of the revenue to tobacco control – the recommendation of the national health agencies dedicated to public health. For 2001, the budget was \$3.6 million.

In 2001, the American Lung Association of New York State rated each county on their commitment to tobacco control by settlement allocations. For the second year in a row, Suffolk received the highest award and the only A+.

There are four main components of the tobacco control program: school education; community cessation; counter marketing and enforcement. Each component of the *Learn To Be...Tobacco Free* program strives to prevent the next generation from becoming addicted to nicotine. The school education, enforcement, community cessation and counter marketing components work together to ensure children get similar, reinforcing messages from each encounter.

Recent studies show that children can become addicted to nicotine after smoking as little as the equivalent of one pack of cigarettes. It is imperative that prevention programs provide youth with the skills to resist the temptations to experiment with tobacco even one time.

The first endeavor in the *Learn To Be...Tobacco Free* school component was to survey middle school and high school students in Suffolk County, using the CDC's Youth Tobacco Survey and additional health education questions related to

nutrition, safety, drug and alcohol use. The CDC identified specific classrooms to be surveyed in 50 high schools and 50 middle schools in Suffolk to obtain a representative sample. Administration began in October 2000 and concluded in February 2001. A total of 94 of the 100 selected schools participated and 4,080 students were surveyed.

In general, Suffolk County students compared favorably with students around the country. They smoked less, had less access to tobacco products and were exposed to less environmental tobacco smoke.

In June 2001, an RFP for the prevention/education program for schools was developed and distributed. Eastern Suffolk BOCES (ESB) which oversees 54 of the County's 71 school districts, was awarded the contract. Under the agreement, ESB will put together a comprehensive health education program primarily focused on tobacco use prevention for Suffolk County students in grades Kindergarten through 12, and will develop a training module and instruct educators in the use of the curricula. The Department of Health Services will offer schools a choice when they sign on for the program; have their own teachers trained to present the material to their students, or have educators contracted through the Office of Health Education visit individual classrooms to present the program. Office of Health Education staff will conduct frequent checks of actual classroom presentations.

ESB will monitor the program and make any necessary modifications. Another responsibility of ESB will be to help school districts formulate effective tobacco control policies.

For nearly a decade, the Office of Health Education has offered smoking cessation to high schools for students. The Office provides schools with all of the necessary materials to run programs as well as free training for appropriate staff.

Recent surveys in New York State have shown that the highest initiation of tobacco use is occurring between 5th and 6th grades. During January 2001, the Office mailed all elementary schools packets for 5th grade teachers, containing lesson plans and a list of learning activities. All teachers were to have students write an essay entitled "Why I Plan To Remain Tobacco Free for Life". Student participation in the "Rip It Out" campaign was also a requirement. Each student

had to look through magazines, find a tobacco ad and describe what was being conveyed. Participation was by classroom. Based on a first come, first serve basis, each entry received an award. In 2001, each student was awarded a ticket to a Long Island Ducks baseball game. Suffolk County school bus companies generously agreed to pick up students at their schools and return them after the game, at no charge to the County. The response from schools and teachers was overwhelmingly positive.

A conference was held for school nurses to help get health education messages out to students. The conference was held on Election Day to accommodate their schedules.

In July 2001, several initiatives that were undertaken had a dramatic impact on the demand for cessation. Early in the month, the *Learn To Be...Tobacco Free* counter marketing campaign began. Within the first day of ads running on cable television, the number of calls requesting classes doubled. Later in the month, the local cable news network ran a story about the cessation program. Following the story, classes quickly filled to capacity. In 2001, a part time Physician Assistant, a half time Nurse Practitioner and another Health Educator were hired and added to the existing staff of two Health Educators and a full time Nurse Practitioner to accommodate the demand. In addition, other health education staff members fill in as time permits.

In 2001, 75 new classes started and 1,539 individuals participated. Over 65% of individuals who start a class, finish (attend 4 or more sessions). Initial statistics show that after 10 weeks, 63% of participants who responded to follow up were not smoking. After six months, that number was 40.7%.

Classes are held throughout the County to make them as accessible as possible for participants. Sites include hospitals, libraries, health centers, schools and other municipal buildings.

In October 2001, a conference was held for providers. Physicians, nurses, nurse practitioners and physician assistants were invited. The goals were to educate medical providers about nicotine addiction, their role in assessing a smoker's desire to quit and moving motivated smokers into cessation.

The cessation program has been translated into Spanish to meet demand in the growing Hispanic

population in Suffolk. The first program was held in the fall of 2001. An ongoing cessation program is also held at the residential DWI facility.

Baseline data was collected to use as a tool to evaluate long-term successes of the program. Stony Brook University was chosen to administer an adult telephone survey of Suffolk County residents. The survey was developed, with the help of the CDC and other public health organizations, to gather information about incidence rates for tobacco use and attitudes and behaviors of Suffolk County residents that could be measured and compared over time. The survey was administered in the spring of 2001. The prevalence of smoking among Suffolk County residents was 20.8%, considerably lower than the national average of 24.1%. Particularly disturbing, however, was the high rate of women between the ages of 18 and 25 who smoke, 37%. Most smokers, 82%, said they plan to quit. Residents expressed widespread support for government policies to reduce exposure to environmental tobacco smoke, restrict children's access to tobacco products and using settlement money for anti-smoking advertisements.

Counter marketing campaigns are a required component of tobacco control programs. Initial targets were children, with prevention themes; adults, with cessation; and everyone, but particularly parents, with the dangers of ETS. A steady stream of requests for the program were noted as a result of the counter marketing campaign. A youth prevention message began running on cable television in December 2001.

An interactive web site for children, [dogbreath.org](http://dogbreath.org), went live in December 2001. It includes information about the harmful effects of tobacco use through games, stories and demonstrations.

Brochures and displays were also produced. Two malls in the county had large posters down each corridor, some taken directly from the TV ads. Messages in mall displays specifically geared toward teens were also posted.

In 1992 New York State passed the Adolescent Tobacco Use Prevention Act (ATUPA). This act gave county Departments of Health new enforcement powers in terms of limiting minors' access to tobacco products. There are over 2,200 tobacco vendors in Suffolk registered with the New York State Department of Taxation and

Finance. A majority of locations are checked for compliance at least twice a year. Additional inspections may be made in response to a complaint.

During the early period of enforcement, compliance barely reached 60%. From October 1999 to September 2000, it had reached 83%. From October 2000 through September 2001, compliance was over 92%. A compliance rate of 95% is held as the gold standard among public health organizations. This is the point at which we can expect prevalence rates among children to drop because of limited access.

The high rate of compliance was reached through several initiatives. Year round "stings" alerted merchants that the Department took enforcement of the law seriously. Several letters of correspondence from the Department reminded merchants of the laws and that compliance was a high priority and rigorously enforced. Also, sanitarians used the delivery of violation notices as a chance to informally educate merchants about regulations that govern sales and display and advertising restrictions.

Sanitarians in the tobacco control program also enforce clean indoor air laws in restaurants, work sites and all public places. Most complaints come from shared workspaces or people who must pass through open areas such as lobbies and stairwells. Fortunately, the law sides with those who do not wish to be exposed to ETS and many complaints are easily solved. Smoking at bingo halls and bowling alleys are the subject of frequent complaints. Unfortunately, the laws are very lenient in those areas.

Tobacco Control staff members also work with Suffolk County schools to solve enforcement problems. All schools and school grounds are required by law to be smokefree. Schools refer chronic violators to the Department. Students and their parents are remanded to a tobacco education program after the first referral. For each subsequent reported violation, a hearing is held and a fine is assessed. Approximately one half of all Suffolk County high schools participate in this program.

In March of 2001, the Board of Health adopted amendments to the Suffolk County Sanitary Code mandating a vendor education program. The program is based on the premise that merchants who understand the dangers that tobacco use poses



for children, will more willingly comply with applicable laws. It focuses heavily on the health effects of tobacco use. A public health sanitarian was hired to develop the curriculum and present the information to merchants. Vendors will be required to post a certificate of completion, which must be renewed every three years, in their businesses. The Commissioner may also direct merchants to repeat the course sooner if a violation occurs. The first training will be held in January 2002.

To let new mothers know about the dangers environmental tobacco smoke (ETS) poses on infants and children, the importance of keeping their homes smoke free and the availability of resources from the Department of Health Services, each new mom, with babies born between May of 2001 and January of 2002 received a package in the mail. It contained a diaper bag, medicine spoon, bib and other items needed for a new baby. In addition, information about ETS and free smoking cessation programs for family members was included. Information about other services offered by the Department of Health Services such as the Women, Infants and Children nutrition program, free immunization program and the Department's health centers was also included.

Health Educators also address prevention topics other than tobacco in schools and the community. In 2001, educators provided 253 HIV/AIDS presentations to a total of 6,417 participants. Middle schools and high schools throughout the county continued to be the main locations for these programs. Other audiences included youth group staff, teachers attending continuing education classes, and college classes.

Two high schools continued their HIV/AIDS Peer Education program in 2001. Approximately 65 students were trained. Trainings were held weekly over a five-month period, preparing high school students to teach those in middle school. Students were trained to teach several lessons about various HIV/AIDS facts in a manner appropriate for their younger counterparts. The lessons included information on transmission, prevalence, prevention and treatment. Also included was information on other sexually transmitted infections and their connection with increased risk for acquiring HIV. Psychosocial aspects, such as compassion and sensitivity were emphasized. A total of 43 meetings were held with students.

There were 363 presentations made addressing sexually transmitted infections and diseases reaching 10,519 Suffolk participants. As with HIV/AIDS presentations, middle and high school student populations were the largest audience. Out of the total STI/STD presentations given, 36, with 1,455 participants, were held in schools serving students with special needs and considered at high risk.

Several defensive driver insurance/point reduction classes were held for over 60 county employees.

Several pamphlets were designed and printed for distribution by the office in 2001. A pamphlet titled "On The Safe Side Of Summer", addresses swimming, boating, sun exposure, insect/tick bites and other potential summer hazards. The second publication "At Home in the Safety Zone" emphasizes the importance of household safety for the protection of infants and young children.

**COUNTY OF SUFFOLK  
DEPARTMENT OF HEALTH SERVICES  
BUDGET**

DESCRIPTION	2000 BUDGET	2000 EXPENDED	2001 BUDGET	2001 EXPENDED
Grand Total - Health Services	321,962,907	264,272,843	334,826,835	317,175,657
Administration	8,283,461	7,703,041	12,743,974	9,659,200
Public Health	10,953,684	9,355,576	10,423,669	9,139,681
Patient Care Services	62,706,999	55,365,850	66,752,744	62,632,233
Alcohol & Substance Abuse Services	17,958,857	16,632,025	18,250,129	18,381,403
Community Mental Health Hygiene Services	29,661,711	25,576,946	29,078,859	29,125,341
Environmental Quality	11,034,615	9,020,025	11,362,705	10,462,986
Emergency Medical Services	2,022,707	1,539,453	2,112,971	1,718,336
Medical, Legal Investigations & Forensic Sciences	7,635,902	7,276,573	7,622,647	7,403,772
Services to Children with Special Needs	122,833,904	84,932,043	125,622,296	122,460,407
Suffolk Health Plan	27,127,108	25,302,621	30,095,264	25,659,898
County Nursing Home	21,743,959	21,568,690	20,761,577	20,532,400



## Note on Changes in the Vital Statistics Data

Starting with the 1999 vital statistics data, two important changes were made in the way statistical data are classified and analyzed. These changes are very important to keep in mind when comparing rates calculated from 1999 or later years with rates from pre-1999 data.

The first change is that, starting with 1999, deaths are classified using a new system *International Classification of Disease 10* (ICD 10) instead of the older ICD 9 system. For certain causes of death, like influenza and pneumonia, rates have been substantially reduced because deaths have been reclassified to other causes under ICD 10. For other causes of death, like cancer, total death rates have been little impacted but the internal distribution of deaths between different types of cancer have changed<sup>1</sup>. A dashed vertical line has been used in the mortality trend graphs in the *SCDHS Annual Report* to caution in making trend comparisons between rates compiled in the two ways. (Rigorous statistical comparisons between ICD 9 and ICD 10 compiled rates requires the use of a formula with a comparability ratio for that cause of death. Some of these ratios have been published by the National Center for Health Statistics, see footnote one below.)

A second major change was also made beginning with the 1999 data. The age adjustment standard for mortality data was changed from the 1940 US population to the 2000 US population. Age standards are used so that rates can be compared between populations that have different age distributions. Older populations generally have more disease, so one wants to control for differences in age when making population comparisons. Different data sets, mortality, cancer incidence, national health surveys, etc., had been using different standard populations (1940 US population, 1970 US population, etc.). Therefore it was decided in 1998 by the US Department of Health and Human Services to adopt a single age adjustment standard across all health data sets<sup>2</sup>. This change in the age adjustment standard only affects a single *SCDHS Annual Report* table: 'Crude and Age-Adjusted Death Rates From Leading Causes by Township of Residence'. In this table the age-adjusted rates, given in parentheses, use the new standard. Caution should be exerted in comparing these age-adjusted rates with the corresponding age-adjusted rates in previous year editions of the *SCDHS Annual Report*. Rate differences could be due, entirely or in part, to differences in the age-adjustment standard or in changes in the disease classification system.

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<sup>1</sup>For a detailed discussion of the impact of this change see Anderson RN, Minino AM, Hoyert DL, and Rosenberg HM; 'Comparability of Cause of Death Between ICD-9 and ICD-10: Preliminary Estimates'; National Vital Statistics Reports; Vol. 49, No. 2, May 18, 2001

<sup>2</sup>Klein, RJ, Schoenborn CA; 'Age Adjustment Using the 2000 Projected US Population'; Healthy People 2010 Statistical Notes; No. 20, Jan. 2001

**VITAL STATISTICS RATES BY TOWNSHIP OF RESIDENCE:  
2000 COMPARISON OF SUFFOLK COUNTY WITH OTHER AREAS**

<b>Numbers</b>	<b>2000</b>			
	<b>Total N.Y.S.</b>	<b>New York City</b>	<b>Nassau County</b>	<b>Suffolk County</b>
Live Births	258,455	120,998	16,979	20,248
Premature Births (1)	20,020	9,934	1,271	1,518
Out-of-Wedlock Births (2)	95,033	55,626	3,195	4,429
Total Pregnancies (3)	402,709	220,950	23,113	25,979
Teenage Pregnancies (4)	44,412	26,001	1,418	1,910
Births to Teenage Mothers	20,770	10,581	577	965
Total Deaths	157,412	59,737	11,207	11,186
Infant Deaths (<1 Year)	1,632	768	97	94
Neonatal Deaths (<28 days)	1,157	532	72	76
Induced Abortions	125,146	89,037	4,754	4,381
Spontaneous Fetal Deaths	19,108	10,925	1,380	1,350
Marriages	133,542	60,607	8,126	8,897
Dissolutions of Marriage	606,296	26,646	3,426	3,776

**Rates**

Live Births (5)	13.6	16.1	12.7	14.3
Premature Births (6)	7.8	8.2	7.5	7.5
Out-of-Wedlock Births (6)	38.9	46.0	18.8	18.8
Teenage Pregnancies (7)	11.0	11.8	6.1	7.4
Births to Teenage Mothers (6)	8.0	8.7	3.4	4.8
Total Deaths (5)	8.3	7.5	8.4	7.9
Infant Deaths (<1 Year) (8)	6.3	6.3	5.7	4.6
Neonatal Deaths (<28 days) (8)	4.6	4.4	4.2	3.8
Induced Abortions (9)	326.2	423.9	218.7	177.8
Spontaneous Fetal Deaths (9)	68.8	82.8	75.2	62.5
Marriages (5)	7.0	7.6	6.1	6.3
Dissolutions of Marriage (5)	3.2	3.3	2.6	2.7

- (1) Birth weights less than 2,500 grams
- (2) Out-of-Wedlock Births include births where father's age was not stated on birth certificate plus births where paternity affidavit was filed.
- (3) Pregnancies include Live Births, Induced Abortions and Spontaneous Fetal Deaths
- (4) Females 19 years of age or younger
- (5) Rate of 1,000 population
- (6) Percentage of Total Live Births
- (7) Percentage of Total Pregnancies
- (8) Rate per 1,000 Live Births
- (9) Rates per 1,000 Live Births plus induced Abortions or Spontaneous Fetal Deaths



**VITAL STATISTICS RATES BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000**

	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmptn	Southold	TOTAL (1) S. County
Live Births (2)	14.4	13.9	11.6	14.8	15.1	10.1	4.5	13.8	15.2	9.1	14.3
Premature Births (3)	7.5	8.2	6.5	5.8	8.1	10.0	0.0	6.3	7.6	2.1	7.5
Teenage Pregnancies (4)	8.4	7.7	4.6	4.2	8.7	10.8	7.1	3.1	8.1	4.4	7.4
Births to Teenage Mothers (5)	5.7	4.7	3.0	2.4	6.8	10.4	0.0	0.7	5.8	2.7	4.8
Total Deaths (2)	8.3	7.3	9.4	7.7	6.8	12.3	10.3	9.3	10.3	12.6	7.9
Infant Deaths (<1 Year) (6)	6.8	5.0	0.0	2.1	6.6	3.6	0.0	1.3	2.4	0.0	4.6
Neonatal Deaths (<28 Days) (6)	4.6	4.5	0.0	1.7	5.3	3.6	0.0	0.6	1.2	0.0	3.8
Induced Abortions (7)	200.2	204.6	228.9	101.9	158.1	241.8	285.7	124.9	159.4	146.1	177.8
Spontaneous Fetal Deaths (7)	67.1	82.6	21.4	43.3	54.9	37.9	0.0	53.3	24.6	41.0	62.5

- (1) Includes event with residence unknown  
(2) Rates per 1,000 population  
(3) Percent of all live births weighing less than 2,500 grams  
(4) Percent of all pregnancies to mothers of age 19 or younger  
(5) Percent of all live births to mothers of age 19 or younger  
(6) Rates per 1,000 live births  
(7) Rates per 1,000 live births plus induced abortions or spontaneous fetal deaths

Data Source:  
New York State Department of Health

**VITAL STATISTICS BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000**

	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmpn	Southold	TOTAL (1) S. County
Population (2)	211,792	448,248	19,719	195,289	322,612	27,680	2,228	115,715	54,712	20,599	1,419,369
Live Births	3,044	6,239	229	2,891	4,871	279	10	1,597	833	187	20,248
Premature Births (3)	229	514	15	167	395	28	0	100	63	4	1,518
Total Pregnancies (4)	4,025	8,406	302	3,350	6,069	379	14	1,915	1,012	227	25,979
Teenage Pregnancies (5)	339	646	14	141	530	41	1	60	82	10	1,910
Births to Teenage Mothers	173	295	7	69	329	29	0	9	48	5	965
Total Deaths	1,753	3,268	185	1,496	2,191	340	23	1,072	564	260	11,186
Infant Deaths (<1 Year)	20	31	0	6	32	1	0	2	2	0	94
Neonatal Deaths (<28 Days)	14	28	0	5	26	1	0	1	1	0	76
Induced Abortions	762	1,605	68	328	915	89	4	228	158	32	4,381
Spontaneous Fetal Deaths	219	562	5	131	283	11	0	90	21	8	1,350

- (1) County Totals may be higher than the sum of townships because of events reported with unknown residence  
(2) LIPA Population Estimates  
(3) All live births with birth weight less than 2,500 grams  
(4) Sum of all live births, induced abortions, and spontaneous fetal deaths  
(5) All pregnancies to mothers of age 19 or younger

Data Source:  
New York State Department of Health

**NUMBER OF SELECTED NOTIFIABLE DISEASES BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000 AND PROVISIONAL 2001**

Disease	2000										Suffolk County Totals	
	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmptn	Southold	2000	2001 Prov.
Amebiasis	1	8	2	2	7	0	0	1	3	0	24	11
Babesiosis	0	7	15	0	1	2	3	2	14	9	53	69
Campylobacteriosis	17	77	7	24	23	2	1	15	6	0	172	140
E.Coli 0157:H7	1	17	1	1	3	0	0	3	0	2	28	15
Ehrlichiosis	0	1	1	0	0	0	0	0	1	0	3	3
Encephalitis	2	1	0	0	2	0	0	0	0	0	5	13
Giardiasis	14	42	4	17	45	1	0	8	8	2	141	120
Gonorrhea	118	62	3	26	89	19	0	2	7	0	321	432
Hemophilus Influenza	2	2	0	1	1	0	0	0	0	0	6	9
Hepatitis A	4	4	0	2	8	0	0	1	0	1	20	74
Hepatitis B	3	3	1	4	6	0	0	0	0	0	17	13
Hepatitis C	1	1	0	0	0	0	0	0	0	0	2	1
Legionellosis	0	1	0	1	1	0	0	1	0	0	4	14
Lyme Disease	12	189	75	21	52	30	26	20	95	61	581	417
Malaria	0	5	0	1	4	0	0	1	0	0	11	11
Measles	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis	19	11	2	23	22	4	0	5	2	1	89	108
Mumps	0	1	0	0	1	0	0	0	0	0	2	0
Pertussis	2	5	0	1	7	0	0	1	0	0	16	2
R.M. Spotted Fever	0	3	0	0	0	0	0	0	0	0	3	0
Rubella	0	0	0	0	1	0	0	0	0	0	1	0
Salmonellosis	36	69	5	21	42	1	0	6	5	2	187	235
Shigellosis	8	10	1	4	23	0	0	1	0	0	47	63
Syphilis	11	3	0	0	7	0	0	0	3	0	24	32
Tuberculosis	13	11	2	12	21	3	0	4	1	0	67	68

**RATES(1) OF SELECTED NOTIFIABLE DISEASES BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000 AND PROVISIONAL 2001**

Disease	2000											Suffolk County Totals (1)	
	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmptn	Southold		2000	2001 Prov.
Amebiasis	0.5	1.8	10.1	1.0	2.2	0.0	0.0	0.9	5.5	0.0		1.7	0.8
Babesiosis	0.0	1.6	76.1	0.0	0.3	7.2	134.6	1.7	25.6	43.7		3.7	4.8
Campylobacteriosis	8.0	17.2	35.5	12.3	7.1	7.2	44.9	13.0	11.0	0.0		12.1	9.8
E.Coli 0157:H7	0.5	3.8	5.1	0.5	0.9	0.0	0.0	2.6	0.0	9.7		2.0	1.0
Ehrlichiosis	0.0	0.2	5.1	0.0	0.0	0.0	0.0	0.0	1.8	0.0		0.2	0.2
Encephalitis	0.9	0.2	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0		0.4	0.9
Giardiasis	6.6	9.4	20.3	8.7	13.9	3.6	0.0	6.9	14.6	9.7		9.9	8.4
Gonorrhea	55.7	13.8	15.2	13.3	27.5	68.6	0.0	1.7	12.8	0.0		22.6	30.3
Hemophilus Influenza	0.9	0.4	0.0	0.5	0.3	0.0	0.0	0.0	0.0	0.0		0.4	0.6
Hepatitis A	1.9	0.9	0.0	1.0	2.5	0.0	0.0	0.9	0.0	4.9		1.4	5.2
Hepatitis B	1.4	0.7	5.1	2.0	1.8	0.0	0.0	0.0	0.0	0.0		1.2	0.9
Hepatitis C	0.5	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.1	0.1
Legionellosis	0.0	0.2	0.0	0.5	0.3	0.0	0.0	0.9	0.0	0.0		0.3	1.0
Lyme Disease	5.7	42.2	380.3	10.7	16.1	108.4	1167.0	17.3	173.6	296.1		40.9	29.3
Malaria	0.0	1.1	0.0	0.5	1.2	0.0	0.0	0.9	0.0	0.0		0.8	0.8
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0
Meningitis	9.0	2.4	10.1	11.8	6.8	14.4	0.0	4.3	3.7	4.9		6.3	7.6
Mumps	0.0	0.2	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0		0.1	0.0
Pertussis	0.9	1.1	0.0	0.5	2.2	0.0	0.0	0.9	0.0	0.0		1.1	0.1
R.M. Spotted Fever	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.2	0.0
Rubella	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0		0.1	0.0
Salmonellosis	17.0	15.4	25.3	10.8	13.0	3.6	0.0	5.2	9.1	9.7		13.2	16.5
Shigellosis	3.8	2.2	5.1	2.0	7.1	0.0	0.0	0.9	0.0	0.0		3.3	4.4
Syphilis	5.2	0.7	0.0	0.0	2.2	0.0	0.0	0.0	5.5	0.0		1.7	2.2
Tuberculosis	6.1	2.5	10.1	6.1	6.5	10.8	0.0	3.4	1.8	0.0		4.7	4.8

(1) Cases per 100,000 population

**NUMBER OF DEATHS FROM LEADING CAUSES BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000**

CAUSE OF DEATH WITH I.C.D. X CODE	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmptn	Southold	TOTAL (1) S. County
Heart Disease (I00-09, I11, I13, I20-I51)	647	1,187	53	515	799	104	8	407	183	82	4,001
Malignant Neoplasms (C00-C97)	447	794	63	390	498	90	3	250	151	76	2,767
Cerebrovascular Disease (I60-I69)	92	154	16	71	110	25	4	55	42	16	586
Motor Vehicle Accidents (Note 2)	19	46	1	18	41	9	1	8	6	3	155
All other accidents (See Note 2)	34	87	3	35	51	7	0	24	11	4	256
Cirrhosis of Liver (K70, K73, K74)	14	26	1	11	24	0	0	3	6	3	88
Chronic Obstructive Pulmonary Disease (J40- J47)	100	163	7	54	112	17	1	46	22	15	539
Diabetes Mellitus (E10- E14)	41	69	3	31	42	12	0	26	9	2	236
Pneumonia and Influenza (J10-J18)	25	84	3	42	62	10	1	29	16	4	276
Atherosclerosis (I70)	7	22	0	20	11	0	0	13	2	1	76
Suicide (X60-X849, Y870)	14	42	2	17	22	3	1	9	3	3	116
Homicide (X85-Y099, Y871, Y35, Y890)	4	10	0	3	15	0	0	0	1	0	33
All Other Causes	309	584	31	289	404	63	4	202	114	51	2,057

**Data Source:**

**New York State Department of Health**

(1) County totals may be higher than the sum of townships because of events with Township of Residence unknown.

(2) Motor Vehicle Accidents and All Other Accidents use miscellaneous non-consecutive V codes in ICD X. A list of codes for each of these causes is available on request.



**CRUDE AND AGE ADJUSTED \*DEATH RATES \*\*FROM LEADING CAUSES BY TOWNSHIP OF RESIDENCE:  
SUFFOLK COUNTY, 2000**

I.C.D. X CODE	CAUSE OF DEATH	Babylon	Brkhaven	East Hampton	Huntington	Islip	Riverhead	Shelter Island	Smithtown	Sthmpn	Southold	TOTALS S. County
(I00-I09, I11, I13, I20-I21)	Heart Disease	305.5 (330.1)	264.8 (319.9)	270.4 (218.4)	263.7 (264.7)	247.7 (334.8)	375.7 (262.9)	359.1 (142.4)	351.7 (319.6)	333.9 (248.4)	398.1 (210.9)	280.8 (303.3)
(C00-C97)	Malignant Neoplasms	211.1 (217.4)	177.1 (206.0)	319.2 (252.0)	199.7 (192.4)	15.4 (187.0)	325.1 (238.4)	134.6 (104.0)	216.0 (200.5)	276.1 (213.8)	368.9 (216.5)	194.6 (203.1)
(I60-I69)	Cerebrovascular Disease	43.4 (47.0)	34.4 (42.2)	82.8 (68.3)	36.4 (36.6)	34.1 (45.4)	90.3 (61.7)	179.5 (69.4)	47.5 (44.4)	76.2 (56.9)	77.7 (40.2)	41.2 (44.8)
(See Note***)	Motor Vehicle Accidents	9.0 (9.2)	10.3 (10.6)	5.1 (4.3)	9.2 (9.8)	12.7 (13.2)	32.5 (31.6)	44.9 (36.1)	6.9 (7.6)	11.0 (11.2)	14.6 (9.9)	10.7 (11.1)
(See Note***)	All other accidents	16.1 (15.8)	19.4 (20.6)	15.2 (12.9)	17.9 (17.8)	15.8 (18.1)	25.3 (20.5)	.0 (.0)	20.7 (19.5)	20.1 (19.8)	19.4 (14.6)	18.0 (18.3)
(K70, K73, K74)	Cirrhosis of Liver	6.6 (6.4)	5.8 (6.4)	5.1 (4.3)	5.6 (5.2)	7.4 (8.1)	.0 (.0)	.0 (.0)	2.6 (2.8)	11.0 (8.6)	14.6 (10.9)	6.2 (6.2)
(J40-J47)	Chronic Obstructive Pulmonary	47.2 (50.1)	36.4 (43.7)	37.2 (29.9)	27.7 (27.6)	34.7 (44.5)	61.4 (42.7)	44.9 (21.9)	39.8 (38.8)	39.6 (30.4)	72.8 (41.6)	37.8 (40.6)
(E10-E14)	Diabetes Mellitus	19.4 (19.7)	15.4 (18.1)	16.9 (14.0)	15.9 (15.5)	13.0 (15.7)	43.4 (31.2)	.0 (.0)	22.5 (20.4)	15.8 (11.7)	9.7 (4.8)	16.6 (17.5)
(J10-J18)	Pneumonia and Influenza	11.8 (13.1)	18.7 (22.5)	15.2 (12.7)	21.5 (21.5)	19.2 (26.8)	36.1 (23.8)	44.9 (18.2)	25.1 (21.8)	29.2 (22.8)	19.4 (9.7)	19.4 (21.1)
(I70)	Atherosclerosis	3.3 (3.8)	4.9 (6.1)	.0 (.0)	10.2 (10.4)	3.4 (4.8)	.0 (.0)	.0 (.0)	11.2 (10.0)	3.7 (2.6)	4.9 (2.6)	5.4 (5.9)
(X60-X84.9, Y87.0)	Suicide	6.6 (6.8)	9.4 (9.3)	10.1 (8.2)	8.7 (8.4)	6.8 (7.1)	10.8 (10.5)	44.9 (17.0)	7.8 (8.7)	5.5 (5.6)	14.6 (14.1)	8.2 (8.3)
(X85-Y09.9, Y87.1, Y35, Y89.0)	Homicide	1.9 (1.8)	2.2 (2.2)	1.7 (1.5)	1.5 (1.5)	4.6 (4.5)	.0 (.0)	.0 (.0)	.0 (.0)	1.2 (1.2)	.0 (.0)	2.3 (2.4)
	All Other Causes	145.9 (153.0)	130.3 (151.7)	157.2 (127.0)	148.0 (147.3)	125.2 (151.2)	227.6 (166.2)	179.5 (71.7)	174.6 (162.9)	208.4 (163.1)	247.6 (140.2)	144.5 (153.3)

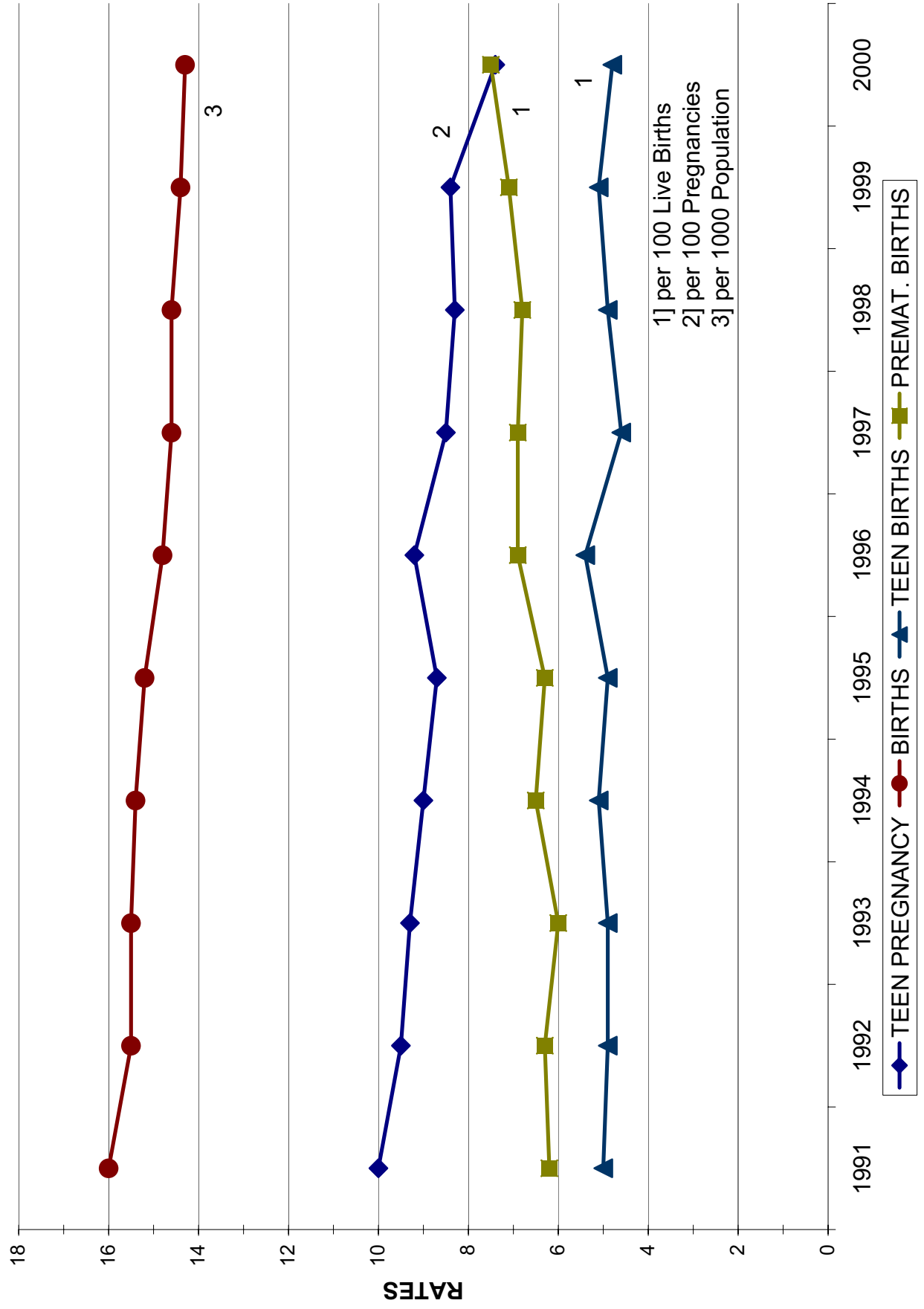
\* Adjusted to 2000 U.S. Population. Age Adjusted rates are given in parentheses. \*\*Rates per 100,000 population.

\*\*\* Motor Vehicle Accidents and All Other Accidents use miscellaneous non-consecutive V codes in ICD X. A list of codes for each of these causes is available on request.

Data Source: New York State Department of Health

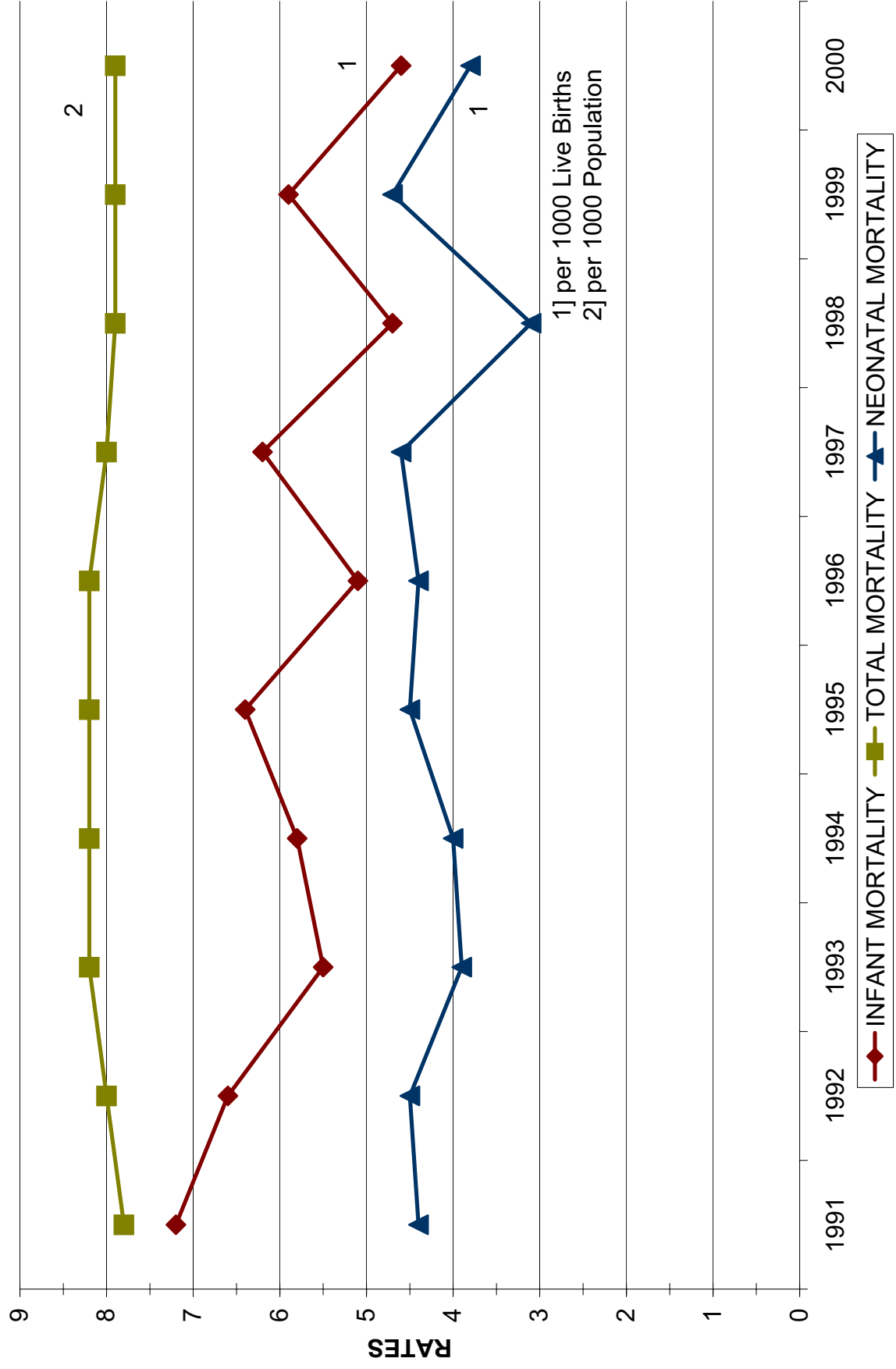
# NATALITY RATES: SUFFOLK COUNTY

1991-2000: A TEN YEAR REVIEW



# MORTALITY RATES: SUFFOLK NY

1991-2000: A TEN YEAR REVIEW



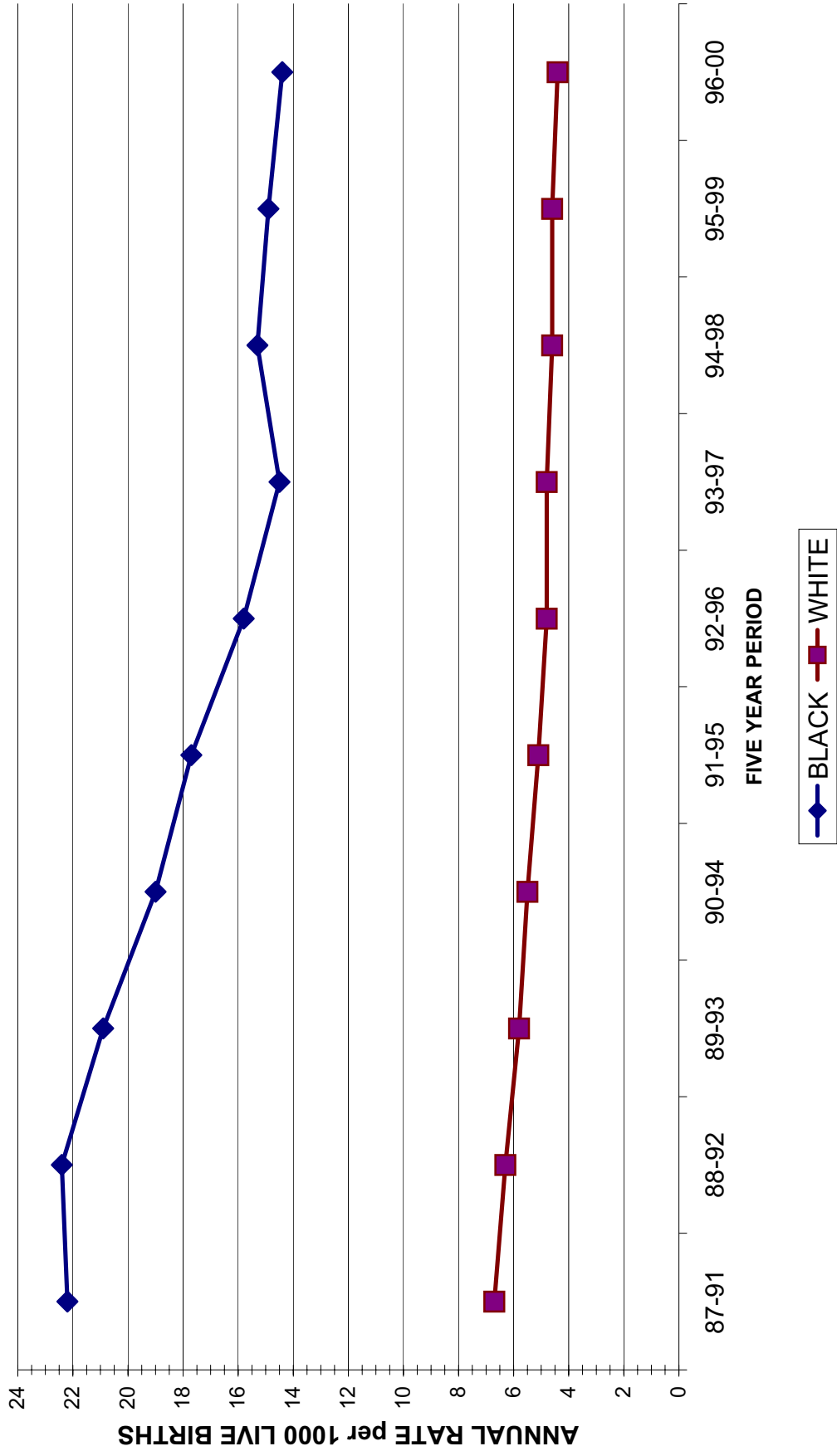
**INFANT DEATHS BY RACE  
FREQUENCIES AND RATES\*  
SUFFOLK COUNTY 1991-2000**

<b>YEAR OF DEATH</b>										
<b>RACE</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>WHITE</b>	108	92	88	89	84	75	93	66	91	64
	(5.8)	(5.1)	(4.9)	(4.9)	(4.7)	(4.3)	(5.3)	(3.8)	(5.2)	(3.6)
<b>BLACK</b>	41	37	22	27	32	21	23	28	23	29
	(21.9)	(20.1)	(12.1)	(15.3)	(19.1)	(12.5)	(13.7)	(15.7)	(13.6)	(16.3)

\* Rates per 1,000 Live Births are given in parentheses

# ANNUAL INFANT MORTALITY by RACE

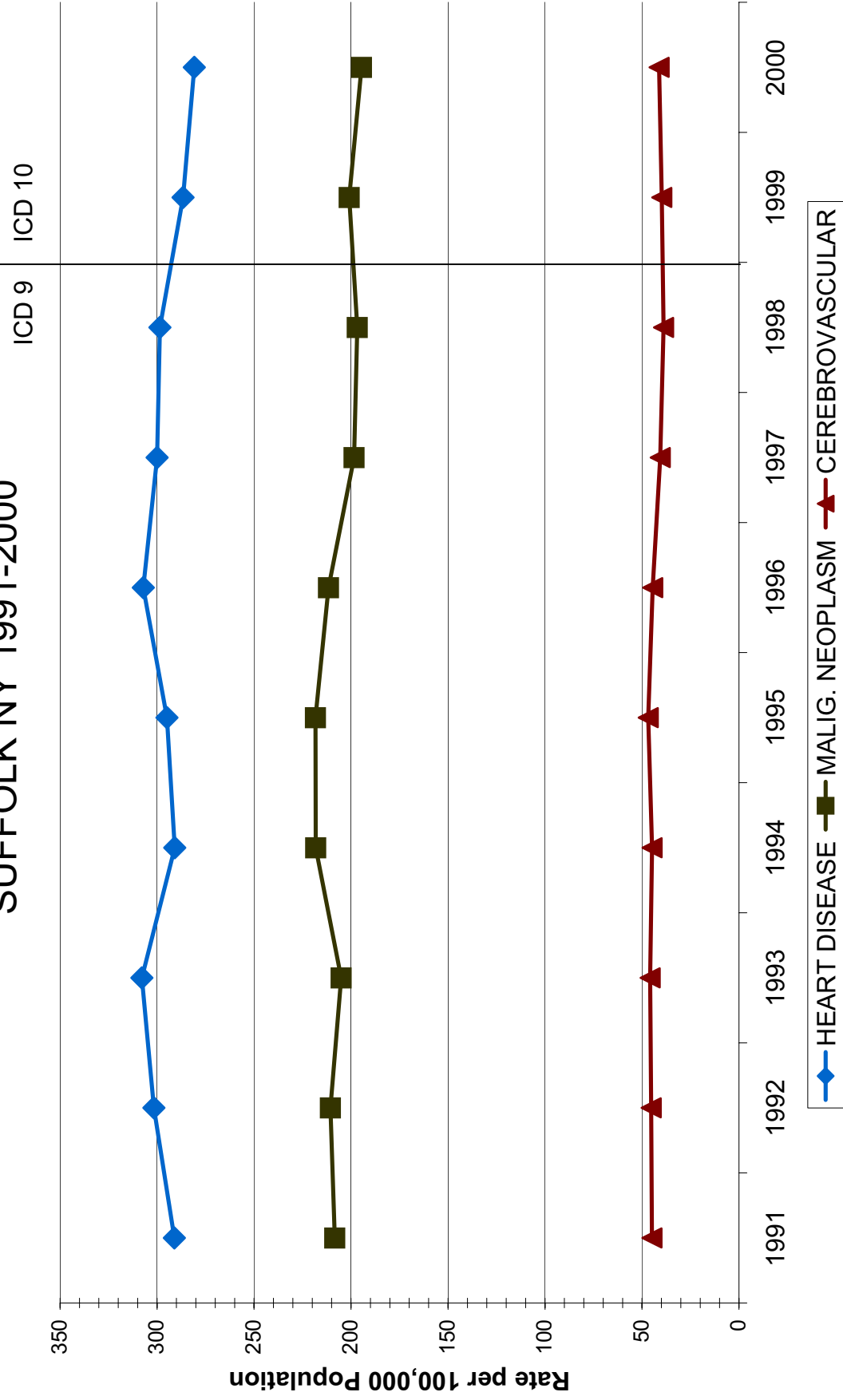
## 5 YEAR MOVING AVERAGE: SUFFOLK NY





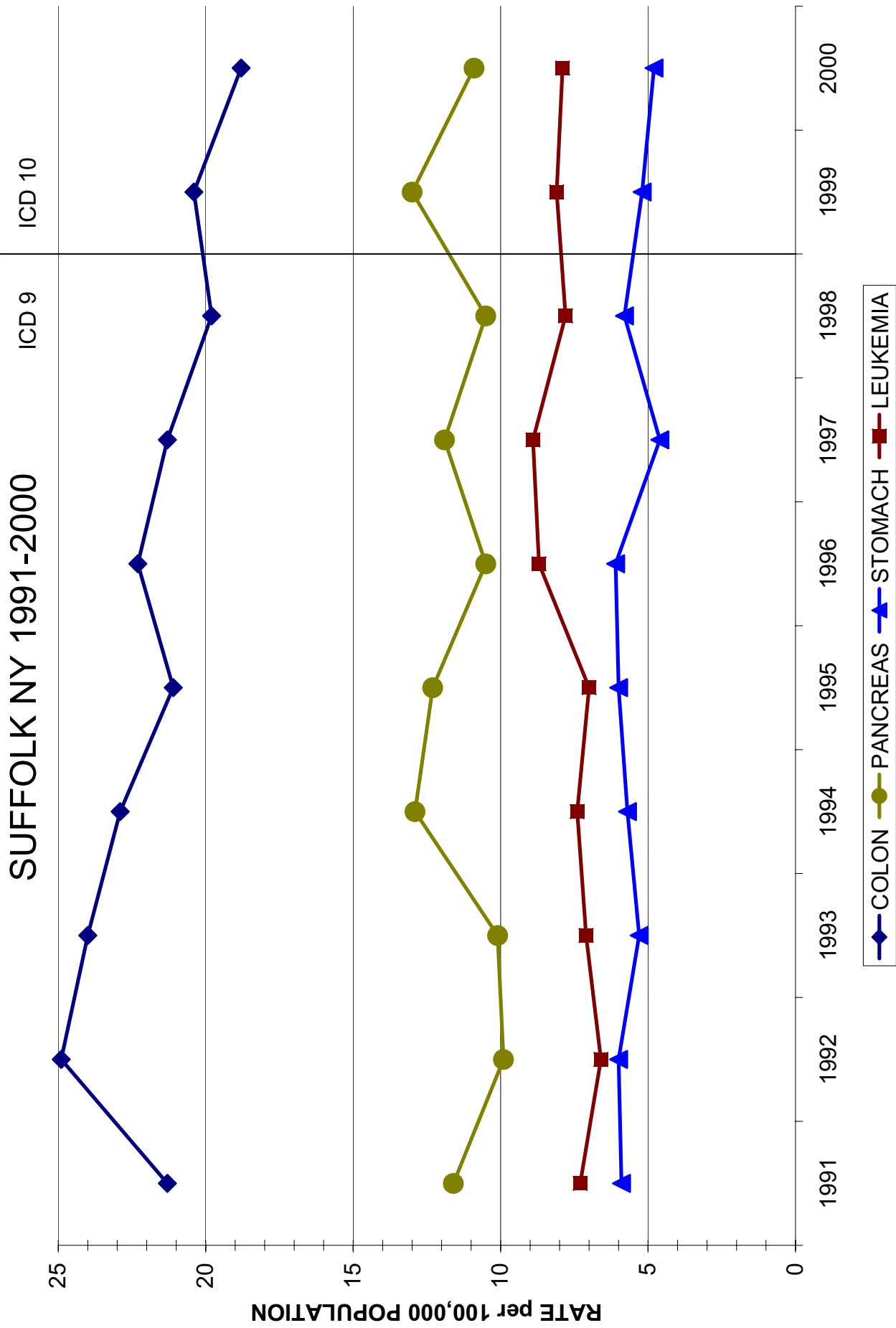
# SELECTED CAUSES of MORTALITY

SUFFOLK NY 1991-2000



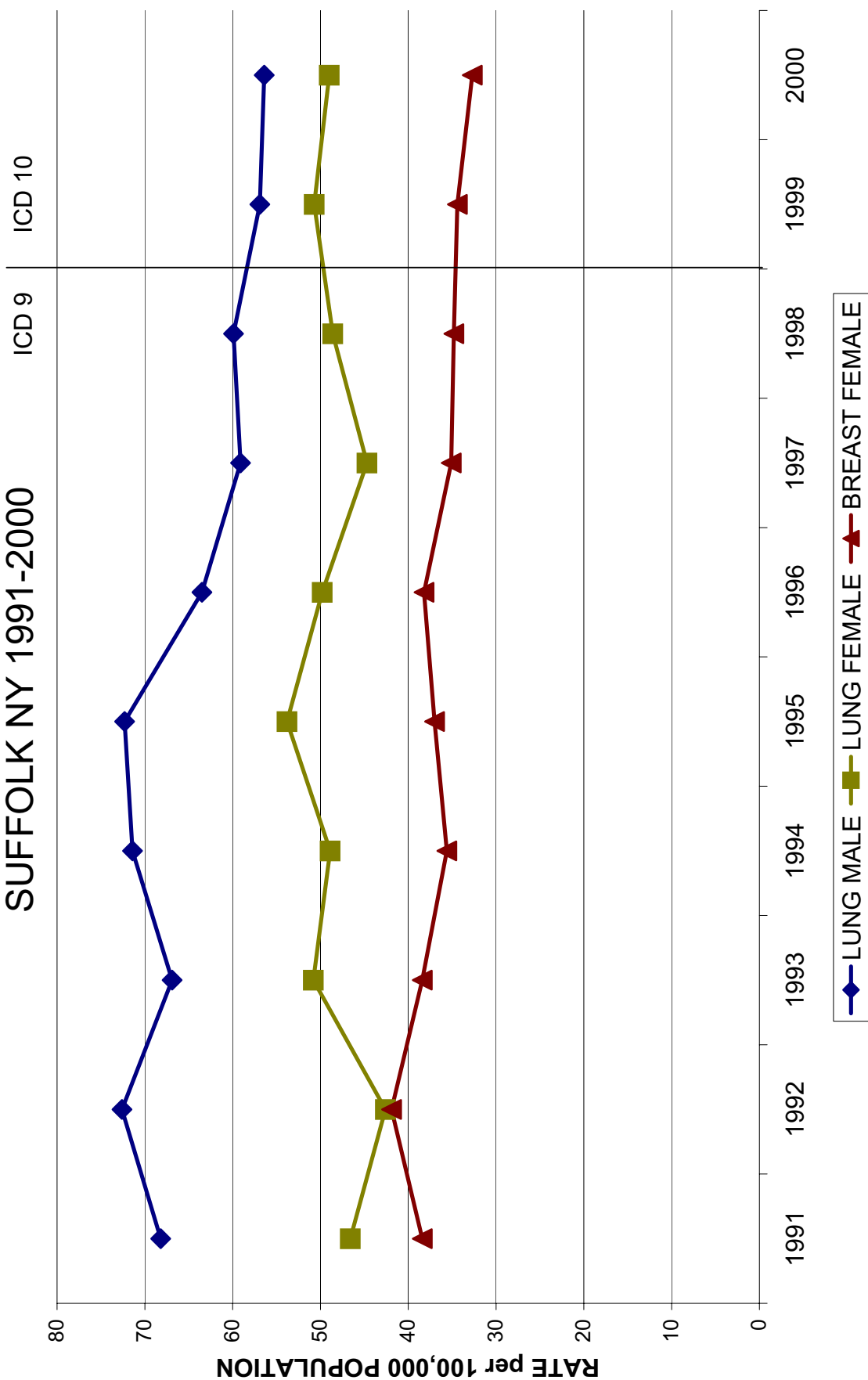
# CANCER MORTALITY BY SITE

SUFFOLK NY 1991-2000



# LUNG and BREAST CANCER MORTALITY

SUFFOLK NY 1991-2000



**AQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)  
UNITED STATES AND SUFFOLK COUNTY RISK FACTOR  
CUMULATIVE DATA THROUGH DECEMBER 31, 2001**

RISK FACTOR	UNITED STATES		SUFFOLK COUNTY	
	NUMBER	PERCENT	NUMBER	PERCENT
HOMOSEXUAL	368,971	45%	1,138	32%
INJECTING DRUG ABUSER	201,326	25%	1,320	37%
HOMOSEXUAL AND INJECT DRUGS	51,293	6%	221	6%
HEMOPHILIAC	5,528	1%	26	1%
HETEROSEXUAL	90,131	11%	373	11%
BLOOD TRANSFUSIONS	9,352	1%	51	1%
CHILD OF INFECTED PARENT	8,284	1%	63	2%
OTHER / UNKNOWN	81,264	10%	343	10%
<b>TOTAL</b>	<b>816,149</b>	<b>100%</b>	<b>3,535</b>	<b>100%</b>

**Robert J. Gaffney**  
County Executive



**Clare B. Bradley, M.D., M.P.H**  
Commissioner

**SUFFOLK COUNTY  
DEPARTMENT OF HEALTH SERVICES**